



# REIMBURSEMENT REQUEST FOR MEALS

Department of Political Science, Box 353530  
University of Washington

**IMPORTANT: Original ITEMIZED receipts are required for all reimbursements.** If you do not have a receipt you must complete, sign and attach a *Perjury Statement*. Failure to follow these guidelines will result in delay of reimbursement.

Date \_\_\_\_\_

Name \_\_\_\_\_  
*(person to be reimbursed)*

Email/  
Phone # \_\_\_\_\_

Amount \_\_\_\_\_

Budget # \_\_\_\_\_

Amount \_\_\_\_\_

Budget # \_\_\_\_\_

Vendor/Place of Purchase \_\_\_\_\_

Purpose/Event \_\_\_\_\_

*Please list attendees & university or company affiliation for each:*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*If alcohol was purchased it can only be reimbursed by a 64-xxxx budget; please provide number below if applicable.*

***If alcohol was purchased:***

Budget # 64- \_\_\_\_\_

\$ \_\_\_\_\_

Signature \_\_\_\_\_

***Program Approval*** \_\_\_\_\_

Submit form to: *Ann Buscherfeld, PoliSci, GWN 101*