

# Meal Reimbursement Form

Department of Sociology  
University of Washington

Original ITEMIZED receipts are required for all reimbursements  
Itemized receipts list each meal, beverage, etc

Date \_\_\_\_\_

Name \_\_\_\_\_  
(person receiving reimbursement)

e-mail/  
phone # \_\_\_\_\_

Amount \_\_\_\_\_

Restaurant/place of purchase \_\_\_\_\_

Event/reason for meal/visitor \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List of attendees with university or company affiliation:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature \_\_\_\_\_  
person receiving reimbursement

Approval \_\_\_\_\_  
Signature of Chair or dept approver

Submit form along with original receipts to Sociology Main Office - Jan Clarke  
Questions - e-mail [clarkej@u.washington.edu](mailto:clarkej@u.washington.edu)

*Main Office use*

Budget # \_\_\_\_\_ PCA \_\_\_\_\_ Amount \_\_\_\_\_

Budget # \_\_\_\_\_ PCA \_\_\_\_\_ Amount \_\_\_\_\_