

**University of Southern Indiana  
College of Liberal Arts**

**REQUEST FOR REIMBURSEMENT FOR CANDIDATE MEALS**

Please follow the guidelines for the allowed amounts for candidate meal reimbursements listed below. Any additional charges over the allowed amount will NOT be reimbursed.

Position Description \_\_\_\_\_ Position Number \_\_\_\_\_

Department \_\_\_\_\_

Candidate Name \_\_\_\_\_

**MUST** have **ORIGINAL ITEMIZED** receipt for reimbursement

Reimbursement is for a **MAXIMUM** of **THREE** faculty **PLUS** the candidate (for a total of four people). Additional faculty may attend, but the additional meals are not reimbursable.

**Meal**                      **Date**                                      **Location**

**Breakfast** \_\_\_\_\_  
Limit of \$10 per person (plus gratuity up to 15%)

**Lunch** \_\_\_\_\_  
Limit of \$10 per person (plus gratuity up to 15%)

**Dinner** \_\_\_\_\_  
Limit of \$25 per person (plus gratuity up to 15%)

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
Attendee Name	_____	_____	_____
Attendee Name	_____	_____	_____
Attendee Name	_____	_____	_____

Name of Person to Reimburse \_\_\_\_\_

Address \_\_\_\_\_

**ALCOHOL**  
If alcohol is purchased, a **SEPARATE ORIGINAL ITEMIZED** receipt is required.

IF alcohol purchased – SS # \_\_\_\_\_