

UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE
 REIMBURSEMENT FOR GROUP MEALS/REFRESHMENTS
 (Detailed receipt required)

Person requesting reimbursement _____

Meeting date _____ through _____

Meeting start time _____ End time _____

Meeting Location _____

Purpose of meeting/event (attach agenda) _____

Reason for providing meal/refreshments _____

Meeting/meal attendees*:

NAME	DIVISION EMPLOYEE		If NO, Other Affiliation If YES, Dept./Home Duty Location
	Yes	No	
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____
_____			_____

* For meals: Signed Certification of Provided Meal (Form PMGS-95-2-2) required for all Division employees who were away from their home duty location (multiple forms OR multiple signatures on a single form will be accepted)

Requestor

Date

Unit Head

Date

Associate Vice President

Date