



## Justification for Reimbursement of Candidate Dinner Meeting to a SUNY Employee

A SUNY FREDONIA EMPLOYEE WHO PAID FOR MEAL EXPENSES AT A CANDIDATE DINNER MEETING MAY REQUEST REIMBURSEMENT USING THIS FORM.

**NOTE THE FOLLOWING:**

1. AN ITEMIZED RECEIPT FROM THE RESTAURANT LISTING ALL ITEMS SERVED **MUST** BE ATTACHED TO THIS FORM.
2. ALCOHOLIC BEVERAGES DO NOT QUALIFY FOR REIMBURSEMENT.
3. AT LEAST ONE MEMBER MUST BE A CANDIDATE, NOT A SUNY EMPLOYEE.
4. SUNY EMPLOYEE MUST OBTAIN "HOUSE" CARD FROM ACCOUNTING DEPARTMENT PRIOR TO THE DINNER MEETING.
5. NO MORE THAN THREE (3) EMPLOYEES PLUS CANDIDATE MAY ATTEND A DINNER MEETING.
6. REIMBURSEMENT AMOUNT SHALL NOT EXCEED THE DINNER PER DIEM RATE FOR FREDONIA/DUNKIRK OF \$47 PER PERSON. (THIS AMOUNT IS BASED ON 80% OF THE \$59 AREA PER DIEM RATE AS PER TRAVEL POLICY #810. THIS AMOUNT CAN BE AN AVERAGE COST PER PERSON.)

**STAFF MEMBER REQUESTING REIMBURSEMENT:**

NAME:

TITLE:

ADDRESS:

EMPLOYEE ID:

**MEAL INFORMATION:**

REIMBURSEMENT AMOUNT REQUESTED:

STATE ACCOUNT NUMBER:

**MEETING INFORMATION:**

CANDIDATE NAME:

TOTAL # OF ATTENDEES:

DATE:

LOCATION:

**PROVIDE INFORMATION ABOUT THE PURPOSE AND NECESSITY OF THE MEETING. ALSO, EXPLAIN WHY THE MEETING COULD NOT BE HELD DURING NORMAL WORKING HOURS OR AS AN ON-CAMPUS MEAL.**

**ATTENDEES:**

NAME	TITLE	RELATIONSHIP TO BUSINESS CONDUCTED

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Funding Account Authorized Signature (if different from Supervisor)

\_\_\_\_\_  
Date

UNSPSC	Account Number	Object Code	Amount