



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. NO MORE THAN THREE (3) EMPLOYEES PLUS CANDIDATE MAY ATTEND A DINNER MEETING.
5. REIMBURSEMENT AMOUNT SHALL NOT EXCEED THE DINNER PER DIEM RATE FOR FREDONIA/DUNKIRK. (THIS AMOUNT IS BASED ON 80% OF THE 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