

Cary Institute of Ecosystem Studies

Meal Expense Form

Please provide the following information and attach original itemized receipts:

Name of Restaurant or Merchant: _____

Date of Meal: _____

Business Purpose for Meal Expense: _____

Names of People Attending: _____

Account # _____ Total _____

Approved Signature: _____

_____ check here if Cary Institute credit card was used

Name on business credit card: _____

_____ check here to get reimbursed through your paycheck

Check payable to: _____

_____ check here to get reimbursed through check requisition

Check payable to: _____

_____ check here to get reimbursed through petty cash (\$25.00 and under)

Received by _____ Paid by _____

_____ check here if charge was put on Cary account with merchant