



**SPECIAL MEAL REIMBURSEMENT REQUEST** **Form PUR-113**

Requestor's Name			
Department		Phone	
ULID		E-mail	
SMR # (top of Form PUR-109)	Approved Form PUR-109 must be attached.		
Function Location Name			
Purpose of Function			

Expenses paid with Personal Funds (not paid via LaCarte card). One (1) receipt per line.				
Date	Vendor Name	# of Guests	Type of Meal *	Total Dollar Amount
			Total Function Expense	

\* Breakfast, Lunch, Dinner, or Refreshments

**Note: Must attach original itemized receipts, and a roster, guest list or sign-in sheet including name of participant and department name or affiliation with University.**

ACCOUNTING				
Fund	Organization	Account	Program	Dollar Amount

APPROVALS		
<i>I certify that the expenses claimed for reimbursement on this request were paid with personal funds and incurred on University business.</i>		
Approver	Signature	Date
Requestor		
Department Head		
Comptroller		
Director of Purchasing		
Payment Issued By:		