## TEM Non-Travel (Meals or Miscellaneous) Expense Reimbursement Form

Please complete all applicable fields, include comments when necessary, and supporting documentation.

NAME:		NETID:	UIN:	CLASSIFICATION:	Lab:
CHARGE EXPENS	SE То:				
GRANT FUND#				NON-GRANT FUND#	
BUSINESSMEAL:			DATE:	AMOUNT\$	
MEALRECIPIENTS	S:				
1. NAME		AFFILIATION:		11. NAME	AFFILIATION:
2. NAME		AFFILIATION:		12. NAME	AFFILIATION:
3 NAME		AFFILIATION:		13. NAME	AFFILIATION:
4. NAME		AFFILIATION:		14. NAME	AFFILIATION:
5. NAME		AFFILIATION:		15. NAME	AFFILIATION:
6. NAME		AFFILIATION:		16. NAME	AFFILIATION:
7. NAME		AFFILIATION:		17. NAME	AFFILIATION:
8. NAME		AFFILIATION:		18. NAME	AFFILIATION:
9. NAME		AFFILIATION:		19. NAME	AFFILIATION:
10. NAME		AFFILIATION:		20. NAME	AFFILIATION:
DATE DATE DATE DATE DATE DATE	\$ \$ \$ \$ \$	DESCRIPTION: DESCRIPTION: DESCRIPTION: DESCRIPTION: DESCRIPTION: DESCRIPTION: DESCRIPTION: DESCRIPTION:			
COMMENTS	<b>5</b> :				
BY SUBMITTING THIS FORM WITH RESPECTIVE RECEIPTS AND DOCUMENTATION, I AM REQUESTING TO BE REIMBURSED AND/OR HAVE CREDIT CARD RECONCILED FOR ALL EXPENSES LISTED ABOVE.					
SIGNATURE:					DATE:
I APPROVE THE ABOVE FUND NUMBER(S)					

DATE:

PI's SIGNATURE(S):