



**Business Office Use:**

KFS# \_\_\_\_\_

REF# \_\_\_\_\_

TAR/DV# \_\_\_\_\_

**iSchool Business Meal Documentation Form**

(ALL SECTIONS MUST BE COMPLETED)

*\*COMPLETED FORMS SHOULD BE EMAILED TO [ischooladmin@umd.edu](mailto:ischooladmin@umd.edu)\**

EVENT INFORMATION	
iSchool Host Name (Last, First)	
Event Title	
Date and Time	
Business Purpose	

FUNDING	
Account Number*	
Payment Method	_____ EMPLOYEE REIMBURSEMENT _____ COLLEGE CREDIT CARD
Total/Estimated Costs	

*\*If grant or contract funds, your signature below certifies travel is directly related to the project and within the scope of the approved budget.*

ATTENDEE INFORMATION (attached additional pages if needed)	
NAME	AFFILIATION TO UMD

APPROVAL SIGNATURES	
iSchool Host Signature*	
Event Sponsor/PI Signature	

*\*Your signature certifies that no alcohol was purchased or will be reimbursed for this event.*

**The following documents must be submitted with this form:**

- Event announcement or flyer
- A legible itemized receipt from the restaurant or vendor along with the credit card or paid receipt if a reimbursement.