Event-Meal Payment Form

University of Wisconsin – Madison Accounting Services Suite 5301, 21 North Park Street, Madison WI 53715-1218

Meal expenses are payable if the criteria listed below is met. In order to satisfy the "Headquarters City" requirements, you must be able to check one box in each category. A printed, completed copy of this form and the required documentation should be attached to the payment mechanism (e.g., e-Reimbursement, Purchasing Card Log, Requisition, Direct Payment Form, or PIR). Individual meals are not payable on the card.

Event:		Event Date:					
Location:	On Campus	Off Campus	NOTE: When the attendees				for the majority ampus.
Was a fee o	collected from participa	nts to cover cost	s?	Yes	1	No	
1. Allowable	Expenses: (Check the b	ox that pertains to	the event)				
	neeting was held at the ively conducted withou	-	•	rity of the	attende	es and bu	siness could no
The m	eal was provided in the	e headquarters ci	ty and a meal	ltime spea	aker was	schedule	d.
Busin	ess was conducted dur	ing the meal.					
Facilit	ties were not available	near the meeting	location for a	attendees	to eat or	their ow	'n.
2. Reasonable	e Approved Expenses	:					
The m	neal expenses, including icy 202-Hosted Meals a	•	all attendees v	were with	nin the all	lowable n	naximum as not
The m in <u>Pol</u>	icy 202-Hosted Meals a	and Events.					
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The m in <u>Pol</u> 3. Document	icy 202-Hosted Meals a ation Requirements: ess Purpose:	(Provide informati agenda is not atta	on requested i ched.)	n "Busines	s Purpose	e" category	if detailed meet
The m in <u>Pol</u> 3. Document	icy 202-Hosted Meals a ation Requirements: ess Purpose: Event Name:	(Provide informati agenda is not atta	on requested in the ched.)	n "Busines	s Purpose	e" category	vif detailed meet
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The m in Pol 3. Documenta Busin (be Meeti 4. Participanta A list	ation Requirements: ess Purpose: Event Name: Event Purpose: # of Attendees: Date and Time: eginning and ending) ng agenda, which include t Information: of meeting participants	(Provide informati agenda is not atta	on requested inched.)	n "Busines	erred).	e" category	vif detailed meet
The m in Pol 3. Documenta Busin (be Meeti 4. Participanta A list	icy 202-Hosted Meals a ation Requirements: ess Purpose: Event Name: Event Purpose: # of Attendees: Date and Time: eginning and ending) mg agenda, which include t Information:	des above informatical including name that pertains)	on requested inched.) nation is attactand affiliation	n "Busines hed (pref	erred).	e" category	vif detailed meet