Texas A&M University- Corpus Christi

Business Meal Form

Preferred Method of Payment is the Procurement Card

Please select one. Form must be completed, approved, and have itemized receipts attached.

Date of Event: [   ]   P.O Number: [   ]   Amount: [   ]
If applicable:

Restaurant or Establishment Name: [   ]   Method of Payment: [   ]

Name of person that paid for meal: [   ]   Account No: [   ]
If applicable:

Name of Employee who Initiated the Transaction (if other than the cardholder): [   ]

- Was the food purchased and consumed off campus and the majority of the attendees were university employees? (Use object code 6339 - Off Campus Staff Meeting) <u>requires Vice President's approval below</u>. (If Vice President is in attendance, another Vice President not attending can sign)   ☐ Yes   ☐ No

- Was the per person per meal limit exceeded?   Requires Vice President's approval below: ☐ Yes   ☐ No

  Approved: _____   Date: _____

  [   ]

- If TAMUCC employee(s) is/are meeting with a group of outside attendees, then Vice President Approval is ***not required.*** (Use object code 6340- Business Meals)

- Food purchased from an off-site location and brought onto campus for a working lunch ***does not require*** VP approval ***(Use object code 6338- Catering) Requires*** pre approval from University Services (Exemption Form for Food Service on Campus)

- **Were Alcoholic beverages consumed**: ☐ Yes   ☐ No   Amount: [   ]
  Use object code 6341- must be listed separately
  See Food Entertainment and Official Occasions Chart for accounts that may be used to pay for alcohol, food and tips. (NOTE: Tips if reimbursable, are limited to a maximum of 20% of total bill.)

- Expenditures for meals with spouses is not normally appropiate except for special functions and occasions that require their attendance to conduct business. Approval by the Vice President should be received in advance for meals with spouses.

  Approved: _____   Date: _____

List Participants and Title/ Employer/ Employee Spouse (Attach additional sheet if necessary)

1. [   ]   2. [   ]
3. [   ]   4. [   ]
5. [   ]   6. [   ]
7. [   ]   8. [   ]
9. [   ]   10. [   ]

Benefit and Purpose of Meal: [   ]

[   ]

☐ Itemized Receipt Attached.   ☐ Receipt attached but not itemized (Must attach signed statement certifying that an itemized receipt was not available. Statement must indicate amount of alcohol purchased if applicable.

I certify that the expenses were business related and are true, correct and have not been reimbursed.

Signature: _____   Print Name: [   ]   Date: [   ]

Submit Business Meal Form and original receipts with credit card statement or other payment method.