

For use of individual reimbursement or payment to supplier.

- Individual Reimbursement - attach completed form to one of the following:

- Account Payable Voucher (Account 533005)
- Travel Voucher (Account 521065)

- Payment to supplier online in PeopleSoft - attach completed form to invoice and retain in office

- Payments to NDSU Dining Services, via electronic billings - attach completed form to NDSU Dining Services invoice and retain in office

- Original itemized receipts must be attached
- Alcoholic beverages CAN NOT be included in the reimbursement amount requested.

Requestor Information

Individual/Supplier Name: _____

Individual/Supplier ID: (optional) _____

Funding (optional): _____

Purpose of banquet/meeting: _____

Requested Amount: _____ Number of Individuals: _____ Average Cost of Meal: _____

This reimbursement is for: Breakfast Lunch Dinner

The current North Dakota GSA rate per day is \$55.00. 125% of the current rate is \$68.75. GSA rates are updated annually in October. The upper limit of \$68.75 is broken down by quarter as follows: breakfast \$13.75, lunch \$20.62, dinner \$34.38. For further information on this please see *NDUS Procedure 806.1 Payment or Reimbursement of Meals*.

For audit purposes, list all individuals *and their titles* that are attending: (attach an additional sheet if necessary)

- | | |
|-----------------|--------------|
| 1. Name: _____ | Title: _____ |
| 2. Name: _____ | Title: _____ |
| 3. Name: _____ | Title: _____ |
| 4. Name: _____ | Title: _____ |
| 5. Name: _____ | Title: _____ |
| 6. Name: _____ | Title: _____ |
| 7. Name: _____ | Title: _____ |
| 8. Name: _____ | Title: _____ |
| 9. Name: _____ | Title: _____ |
| 10. Name: _____ | Title: _____ |

I certify that, to the best of my knowledge, all information included on this "Banquet and Meeting Documentation" form is complete and accurate. I understand that I will be subject to disciplinary action in accordance with the NDSU Code of Conduct (Policy 151.1) should the information be false or misleading.

Signature of individual being reimbursed or authorized signature for supplier payment _____ Date _____

Print name _____

Additional Signature (if required) _____ Date _____

Print name _____

If payment is entered online, or is an internal charge, billed electronically, retain this form in your office.

If payment is entered by accounting, attach this form and route to:

**Accounting Office
Old Main 11
Phone (701) 231-7432
Fax (701) 231-6194**