

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.
- Gratuity is limited to 20% of the meal cost.

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/Snack Lunch Dinner

The banquet amount, including gratuity, may not exceed 125% of the allowable meal rate listed on the GSA rate website for the banquet location. The current North Dakota GSA rate per day is \$59.00. 125% of the current rate is \$73.75. The upper limit of \$73.75 is broken down by quarter as follows: breakfast/snack \$14.75, lunch \$22.12, dinner \$36.88.

If the banquet takes place outside of North Dakota, please us the appropriate local rate. GSA rates are updated annually in October.

For further information on this, please see *NDUS Procedure 806.1 Payment or Reimbursement of Meals*.

For audit purposes, list all individuals attending and their affiliation to NDSU. (attach an additional sheet if necessary)

- Name: _____ Faculty/Staff Student Guest
- Name: _____ Faculty/Staff Student Guest
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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
ndsu.accounting@ndsu.edu**