

**VOLUNTEER STATE COMMUNITY COLLEGE
MEAL REIMBURSEMENT REQUEST FORM**

Meal Reimbursement Request for:

___ Guest Meal

___ Employee Group Meal

___ Non-Employee Group Meal

___ Student Group Meal

Meal: ___ Breakfast ___ Lunch ___ Dinner ___ Other (Specify): _____

Guest(s): _____

College
Personnel: _____

Total in Group: _____

Event: _____

Date: _____

Purpose: _____

Make Payment to: _____ (Name)

_____ (Address)

Index Code or FOAP to be Charged: _____

Amount of Reimbursement: _____ Date: _____

This expenditure is approved in accordance with VSCC Policy IV:02:03.

Claimant

Chairperson/Dean

Vice President/President