

# UNIVERSITY OF CENTRAL OKLAHOMA

## MEAL EXPENSE / REIMBURSEMENT REQUEST for APPROVAL

"MERF"

UCO financial managers are responsible for ensuring that use of institutional resources must have a business purpose for the benefit of the UCO. This form must be completed on direct purchase and/or reimbursement of employee meals when the employee is engaged in official university business but is not in a travel status as defined by the State Travel Reimbursement Act.

Rules from the OMES Statewide Accounting Manual (specifically, Section 8.34.4) govern institutional purchases for all refreshments and meals. These rules also impose responsibilities for how these expenditures relate to the business purpose of UCO. This form certifies that this specific expenditure either does not include university personnel or that the included personnel have a business purpose for potentially receiving refreshments or food.

**"This Form Is Required for All Refreshments and Meals"**

**NOTE: All University organizations ARE REQUIRED to complete this form**

Date \_\_\_\_\_

1. Mandatory Workshop, Meeting, or Other Such Gathering Date: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

- Estimated Number of Employees in Attendance: \_\_\_\_\_
- Names of Employees in Attendance (attach additional sheet(s) if required):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I certify that no university employee will be consuming any food paid for by this transaction, at this event.

\_\_\_\_\_ (To be initialed by the organization manager when applicable)

2. Department Name: \_\_\_\_\_

3. Organization Number: \_\_\_\_\_

4. Public Purpose: \_\_\_\_\_

5. Estimated Cost: \$ \_\_\_\_\_

7. Name on the PCard to be used (If applicable) \_\_\_\_\_

8. Organization Manager Name: \_\_\_\_\_

9. Organization Manager Signature: \_\_\_\_\_