

**UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE  
REIMBURSEMENT FOR GROUP MEALS/REFRESHMENTS**

(Detailed Receipt Required)

Person Requesting Reimbursement \_\_\_\_\_

Meeting Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Meeting Location \_\_\_\_\_

Purpose of Meeting/Event and Reason for Providing a Meal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting/Meal Attendees\*:

NAME	DIVISION EMPLOYEE		If NO, Other Affiliation If YES, Dept./Home Duty Location
	Yes	No	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* For meals: Signed Certification of Provided Meal (Form PMGS-95-2-2) required for all Division employees who were away from their home duty location (multiple forms OR multiple signatures on a single form will be accepted)



Requester \_\_\_\_\_

Date \_\_\_\_\_

Unit Head \_\_\_\_\_

Date \_\_\_\_\_

Associate Vice President \_\_\_\_\_

Date \_\_\_\_\_