## Advance Authorization for Payment or Reimbursement of Business Expense (Meals)

This form should be completed prior to incurring an authorized business expense for meals when practicable.

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| Name: |  | |
| Purpose of the expense for meals: | | |
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|  | | |
| Estimated Cost of Meal: | |  |
| Names and Titles of Attendees: | | |
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|  | | |
| I hereby certify that the meal claimed in this Advance Authorization for Payment or Reimbursement of Business Expense form is directly related to the conduct of UNISHKA business or directly precedes or follows a substantial business discussion. | | |
| Signature: |  | |
| Date: |  | |

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| --- | --- | --- | --- |
| **APPROVALS:** | | | |
| Authorized by: |  | Title |  |
| Signature: |  | Date: |  |