

MCB DEPARTMENT REIMBURSEMENT FORM

Please return with an itemized receipt to the MCB Business office or email to [maria\\_paula.acosta\\_bello@uconn.edu](mailto:maria_paula.acosta_bello@uconn.edu)

Name: \_\_\_\_\_

Date of Business Meal/Event: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attendees:	UConn Employee/ Student?	If guest, affiliation

Please attach an **itemized** receipt with proof of payment (ie. last 4 digits of the credit card charged) along with proof of business purpose (ie: seminar flyer, guest itinerary, event flyer). Spouses’ meals cannot be reimbursed unless there was a legitimate business purpose for their attendance at the meal)

Is this a department KFS? Yes \_\_\_ No \_\_\_

If no, please list account to be charged # \_\_\_\_\_