MCB DEPARTMENT REIMBURSEMENT FORM
Please return with an itemized receipt to the MCB Business office or email to
maria_paula.acosta_bello@uconn.edu

Name: ___________________________________________________________________________________

Date of Business Meal/Event: ________________________________________________________________

Business Purpose: __________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
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Attendees: | UConn Employee/Student? | If guest, affiliation |
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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 # ______________________________________________________