

**BUSINESS-RELATED MEAL EXPENSE STATEMENT
OLD DOMINION UNIVERSITY**

Date	Meal Expenses (receipts required)	Number of Meals
	\$	
Location (city and state--determines rate of reimbursement)		Meal Taken
		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner
Names of all attendees		
List the name, agency/company, and title of each person attending the business meeting.		
Name	Agency/Company	Title
Description of Business Discussed		
Provide a complete description of the business discussed -- use additional sheets if necessary.		
Benefits to the University		
Certification Statement		
By signing this form, the traveler certifies that the meal expenses claimed on this form were business related, involved a substantive and bona fide business discussion related to the University's well-being, and provided benefits to the University.		

Signed: _____

Title: _____

Date: _____