PORT JEFFERSON UFSD
MEALS AND REFRESHMENTS REIMBURSEMENT DETAIL

Vendor Name:

Invoice #:

Contact Name:

Contact Phone:

Date of Event:

Location:

ITEM	PRICE	TOTAL
	GRAND TOTAL	**$**

Approving Signature:_____

Purpose of meeting: _____

_____

List of Attendees/Organization:_____

Number of people: _____

PLEASE ATTACH FORM TO ORIGINAL INVOICE OR SALES RECEIPT WHEN SUBMITTING TO THE BUSINESS OFFICE FOR PAYMENT.

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