



# MEAL REIMBURSEMENT WORKSHEET

The Henry M. Jackson School of International Studies  
Box 353650, University of Washington

**PLEASE TYPE FORM**

## COMPLETE ONE FORM FOR EACH MEAL

Meal: *(Please choose from dropdown menu)*

Date:

Place:

University of Washington Purpose:

Attendees: Complete table below. If more than 15 individuals attended, complete additional sheets as needed. **Affiliation for each individual is required.**

	<b>Name (First &amp; Last)</b>	<b>Affiliation</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		
<b>10</b>		
<b>11</b>		
<b>12</b>		
<b>13</b>		
<b>14</b>		
<b>15</b>		

Submit form to: *JSIS Accounts Payable, Thomson Hall 4<sup>th</sup> Flr Mailroom*  
This form shall not be reproduced by units other than the Jackson School without written permission