

AUSTIN PEAY STATE UNIVERSITY  
BUSINESS MEAL PAYMENT AUTHORIZATION  
(See APSU Policy 4:010)

PLEASE PAY: CLAIMANT or VENDOR:	_____	DATE: _____
	Name	Signature of Claimant
CAMPUS ADDRESS:	_____	
	_____	
	_____	

REQUIRED EVENT INFORMATION :	TIME: _____	DATE: _____
REASON FOR MEAL AND OR EVENT:		

NAME(S) of GUEST(S):
UNIVERSITY PERSONNEL IN PARTY:

DEPARTMENT TO BE CHARGED:		
_____	_____	\$ _____
Department Name	Account Number	Amount

APPROVALS:
I certify that sufficient funds are available.
_____
Department Head
_____
Dean/Director
_____
President/Vice President (as appropriate)

~~~~ Original receipts *must* be attached ~~~~