MSTP Meal Reimbursement Form

Please attach:

- An itemized receipt of the meal with the alcohol items circled
- Your final credit card receipt which includes tip

(1) Student to be reimbursed: _____

(2) Restaurant: _____

(3) Date: _____

(4) Purpose of meal: Applicant(s) interviewing with MSTP

Please indicate how you want to receive your payment:

_____ Mail check (Make sure your **PERMANENT** address is correct in SIS. MSTP is not responsible for lost or stolen checks.)

_____ Pick up in Cashier's Office in Yost Hall Room 165

Who was there?

Names of MSTP Students	Names of Applicants

MSTP Student Reimbursement Form

Note: We cannot reimburse for alcohol purchases. If you plan on serving alcohol at your event, contact mstp@case.edu or stop by the office (SOM T401) at least 3 weeks prior to your event to order alcohol through Purchasing.

Please send your entire reimbursement in **one PDF** to mstp@case.edu. Include the following:

- Your receipt, itemized if necessary. If you have more than one receipt, please use the table below to list and total them.
- Reason for reimbursement
- Total amount
- IMPORTANT - We cannot reimburse for taxes

(1) Student to be reimbursed: _____

(2) Date: _____

(3) Total Amount to be reimbursed: _____

(4) Purpose of reimbursement: _____

Please indicate how you want to receive your payment:

_____ Mail check (Make sure your **PERMANENT** address is correct in SIS. MSTP is not responsible for lost or stolen checks.)

_____ Pick up in Cashier's Office in Yost Hall Room 165

Vendor	Amount
Total	