

**BUSINESS MEAL CERTIFICATION**

**Not for Travel Meals**

The purpose of this form is to document the qualifications of business meals for payment or reimbursement.

**MEAL REIMBURSEMENT/PURCHASE AMOUNT:** \_\_\_\_\_ **DATE OF MEAL:** \_\_\_\_\_

**NAME OF DINING FACILITY:** \_\_\_\_\_

**TYPE OF MEAL (Check One):**  Breakfast  Lunch  Dinner

**NUMBER OF PARTICIPANTS:** \_\_\_\_\_

**PURPOSE / REASON FOR THE MEAL:**

---

---

---

NAME OF OTHER PARTICIPANTS	NAME OF EMPLOYER/AFFILIATION

- This form must be signed and dated by the appropriate persons. All information on this form must be completely consistent with all additional information/receipts received and/or submitted for payment.
- If Manager approval is required per any of the City of Kings Mountain’s policies, please have completed before submission for payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

**PER FINANCE, ORIGINAL RECEIPTS MUST BE ATTACHED TO THIS FORM AND SUBMITTED WITH VISA STATEMENT OR REIMBURSEMENT FORM.**