



All food purchases must have a Business Meals Form (BMF) completed and signed by the payee

- The payee is the ASU student/affiliate/organization who already made payment and is seeking to be reimbursed for the expense
- The BMF can be found here: <https://www.asu.edu/fs/forms/business-meals-form.pdf>

#### Tipping Guidelines

- Tips must not exceed 18% for dining-in/sit-down meals at restaurants
- Tips must not exceed 10% for delivery orders
- Tips are not allowed for takeout/pickup/carryout orders

All three types of purchase requests can be used for food: Reimbursement, P-Card, Invoice

Please visit [https://eoss.asu.edu/mu/plan\\_event/food](https://eoss.asu.edu/mu/plan_event/food) for more information on Catering and Food Policies. On this webpage can be found the Approved Food Provider List (which will be updated throughout the year).

Below is a guide to help you fill out the BMF



**Business Meals and Related Expenses Form**  
form not needed for employee reimbursement

<b>Expense type – Select one:</b>  <input type="radio"/> 1. Paid by ASU Purchasing Card  <input type="radio"/> 2. Direct supplier invoice	<b>Supplier name:</b>  1.-> Vendor name(paid by P-Card or Invoice)  2.-> Payee name (ASU affiliate individual/ organization being reimbursed)
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Event location: <b>Location</b>	Event date: <b>Date</b>	
Business or public purpose  Please explain the public purpose. Clearly justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available:  <p align="center"><b>Same as Public Purpose on purchase request in SunDevilSync</b></p>		
Cost Center + Program, Gift, Grant or Project Worktag:	PO # (if applicable):	Total amount: <b>only food amount</b>

**Attendees list** | Attach an additional sheet if necessary:

<b>ASU faculty,staff or students</b>		
Name	Department	Title
1. (at least five attendees		
2. listed		
3. but note that the price per		
4. person must be below		
5. \$25.00 per person)		
<b>Other attendees</b>		
Name	Affiliation	Title
1.		
2.		
3.		
4.		
5.		

State the approximate number of attendees and ASU department or affiliation if a large group is present at an event, and an attendee list is not available.

No reimbursement for alcoholic purchases is allowed on university accounts. Attach itemized receipts to the supplier invoice for reimbursements over \$40 per person.

**Required certification – I certify that no reimbursement for alcoholic purchases is being requested.**

Requester's name	Phone	Signature	Date
1. Requestor (top three officer)	<b>Phone #</b>	<b>Handwritten Signature</b>	<b>Date</b>
2. Payee (ASU affiliate)			

**Required approvals**

Direct inquiries to:	Signature	Date
Cost Center Manager name (print)	Signature	Date
Dean or Director (if required) name (print)	Signature	Date
Other (if required) name (print)	Signature	Date