Institute of American Indian Arts
Meeting Reimbursement Form
for Non-Travel Related Expenses

Name: ________________________________    Date: __________

Date Expense Incurred: ________________

Individuals In Attendance: ________________________________


Purpose of Meeting: ________________________________


I, ________________________________, hereby submit the attached receipt and certify that this expense was incurred to carry forth official business for the Institute of American Indian Arts and that no alcoholic beverages were a part of this reimbursement.

Please attach detailed receipt in this area (not charge card receipt)