

**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)