



Entertainment Reimbursement or Vendor Payment Requests

Please select one: IEOOR SCET

Please select one: Reimbursement Vendor Payment Purchase Order

Preparer's Last Name, First: EID/SID:

Preparer's Work Phone: Preparer's Email:

Payee/Vendor Name, Email, Phone Number:

Event Location Event Date **Detailed** Business Purpose

Meal type: Breakfast Lunch Dinner Light Refreshments

Event Type: 55056 On the job meals (exceptional) 57002 Meals provided to students on academic/research

Please select one 57004 Business Mtg Hospitality – Technical 57005 Business Mtg Hospitality - Non-Technical

57006 Visitors, Guests and Volunteers 57006 Prospective donors, employees, & students

57007 Employee morale (holiday gatherings, Employee recognition receptions, Employee retirement)

Vendor Name Invoice/Quote # Total Amount # of Attendees Cost Per Person

Campus Per Person Limits:	Breakfast: \$27	Lunch: \$47	Dinner: \$81	Light Refreshments: \$19
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Meal Over Campus Per-Person Limit (exceptional)
Employee Morale Building Activity/On the job meals (exceptional)

Department Chair is the Payee and/or Official Host (additional)
Spouses/Partners, or Dean in Attendance (exceptional)

Is alcohol included in this request? Yes No

Does the fund provided allow alcohol? Yes No

I hereby certify that the above is a true statement of the entertainment/meeting expenses incurred by me on official University business on the dates shown, and that I have submitted original itemized receipts as required by University and Departmental policy.

Official Host Name (print)

Official Host Signature

Date (mm/dd/yy)

DEPARTMENT APPROVAL

Authorizing Name/Title (print)

Authorizing Signature

Date (mm/dd/yy)

EXCEPTIONAL OR ADDITIONAL APPROVAL (IF REQUIRED)

Authorizing Name/Title (print)

Authorizing Signature (if required)

Date (mm/dd/yy)