

DEPARTMENT OF STATISTICS

Entertainment Reimbursement Request

Please complete this form and return with an itemized receipt. An itemized receipt is required.

Date of request

Your Name as Host

Employee ID

Event Information

Business Purpose
(such as meet with
collaborators, faculty
recruitment, etc.)

Location of Event

Date of event

Type of Event (check one)

- Business Mtg Hospitality
- Employee Morale Bldg Activities
- Meals provided to Students
- On-the-job meals
- Prospective Donors, Employees and Student Appointees
- Quantity Purchases
- Spouse/Partners of a Univ. Guest or Host
- University Employee on Travel Status
- Visitors, Guests and Volunteers

Guest List (please include type of guest - speaker, visitor, faculty, grad, etc.)

Special Circumstances

Please answer yes or no:

- Were there special circumstances which warranted exceptional expenses, such as exceeding the Max Per Person Rate? Yes No
- Were alcohol included in the meal expenses? Can not be reimbursed from Federal or State funds. Yes No
- Were spouses included in the guest list? Yes No
- Was this a holiday party or staff picnic?

Please explain any checked above or add additional comments, such as reimbursement for one person only.

Receipt Information

Receipt Amount

Number of Attendees Max Per Person Rate (including tax, service and delivery)

Breakfast	\$26.00
Lunch	\$38.00
Dinner	\$64.00
Light Refreshment	\$17.00

Charge to: (eg. NSF)

I certify that the above is a true statement, that the expenses were incurred by me on my official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy

Signature:
