

ENTERTAINMENT REIMBURSEMENT

HOST: _____ Date of Event _____

Title of Host: _____ Location of Event _____

Department: _____

Guest _____

Name	Title	Company/Department
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TOTAL RECEIPT _____

*DEDUCT FOR ALCOHOL INCL. SALES TAX _____

NET REIMBURSEMENT _____

FAU NO: _____

ACTIVITY CODE	FUND	FUNCTION	COST CENTER	PROJECT CODE
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FOR FEDERAL FUNDS: Provide brief justification as to how this entertainment expense benefits the Project being charged.

Signature and Date

PURPOSE: _____

Seminar Speaker: _____ Faculty Candidate: _____ Other (Specify): _____

Check One: Breakfast _____ Lunch _____ Dinner _____

List Other Attendees (max. 2):

Name	Title	Department
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Name	Title	Department
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PLEASE ATTACH ORIGINAL RECEIPT AND RETURN TO JODIE

Maximum Rates:

Breakfast:	\$26/per person (4 person max. not to exceed \$104.00)
Lunch:	\$38/per person (4 person max. not to exceed \$152.00)
Dinner:	\$64/per person (4 person max. not to exceed \$256.00)
Light Refreshments:	\$17.00 per person (max. – 20 people)

*NOTE: THE UNIVERSITY WILL NOT REIMBURSE MONEY SPENT ON ALCOHOLIC BEVERAGES