

ENTERTAINMENT REIMBURSEMENT CLAIM FORM

Requests must be submitted to Accounts Payable no later than **60 days** after completion of the event. Please submit within **30 days** after your event date to allow departmental staff enough lead time to submit your request within the 60-day reporting period.

Date: _____ Preparer: _____ Email: _____ Dept: _____
 If we have questions who should we contact? Payee: _____ Preparer: _____ Other: _____ If other than Payee or Preparer, enter infomation below:
 Preferred Contact Name: _____ Email: _____

PAYEE	Name:	Employee:	Student:	Existing Vendor:	Other:
	E-Mail:	Emp/Stu/Ven ID:			

EVENT PURPOSE	Event Purpose:				
	Event Date(s):	Host:	Host must be present at meal.		
	Location(s)				
	Meal Type:	Breakfast \$31.00 maximum	Lunch \$54.00 maximum	Dinner \$94.00 maximum	Light Refreshment \$22.00 maximum
Maximum per person expenditures include tax, labor, service charge, gratuity					Alcohol Served? Yes No

ATTENDEES & COSTS	Number of Attendees: _____	Total Cost of Meal: _____	Cost Per Person: _____																														
	Cost per person include the cost of the food and beverages, labor, sales tax, delivery charges, and other service fees. The costs of room rental, room setup fees, media rental, decorations, etc., are not included in per person costs unless those costs cannot be separated by the vendor.																																
	Additional Costs: Room Rental: _____	Audio Visual: _____	Other: _____	Other: _____																													
	Optional Notes:																																
	Attendee List - Attach separate list if more than 10 guests unless impractical due to open nature of event.																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Attendee Name</th> <th style="width: 40%;">Institution / Organization</th> <th style="width: 30%;">Affiliation/Business Relationship to University</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Attendee Name	Institution / Organization	Affiliation/Business Relationship to University																										
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EXCEPTIONS	Social Activities & Entertainment _____	Spouse/Partner of University Guest or Host Included _____	Amount Exceeded Per Person Limit _____
	Employee Morale Building Activity _____	Dean Attended _____	Other: _____
	University Business Purpose Justifying Exceptional Circumstances:		

TOTAL ESTIMATED REIMBURSEMENT:

COA		Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount	Optional: Chartstring Description: