

ENTERTAINMENT REIMBURSEMENT

Name: _____ Date of Event: _____

Location of Event: _____ Guest's Name: _____

Department: _____

Breakfast: Lunch: Light Refreshment: Dinner:

Total Amount Claimed: _____ Alcohol portion, if any: _____

Funds to Charge: _____

Purpose of Event: (Be Specific)

All in attendance and their Affiliation:

Your signature: _____

P.I. approval signature: _____

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Office Use Only:

FAU to charge: _____ **Analyst approval:** _____

Maximum rate:
Breakfast: \$27/person
Lunch: \$47/person
Dinner: \$85/person
Light Refreshments: \$19/person