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