



Entertainment P.O.

Name: _____

ID # (employee/student): _____ Contact Info (Phone / Email): _____

Type of Expense	<input type="checkbox"/>	Breakfast
	<input type="checkbox"/>	Lunch
	<input type="checkbox"/>	Dinner
	<input type="checkbox"/>	Light Refreshments

Type of Activity	<input type="checkbox"/>	Administrative Meeting
	<input type="checkbox"/>	Prospective Donor
	<input type="checkbox"/>	Prospective Appointee to Professional, Administrative or Technical Position
	<input type="checkbox"/>	Faculty, Staff or Student Meeting
	<input type="checkbox"/>	Reception
	<input type="checkbox"/>	Host to Official Guests
	<input type="checkbox"/>	Meeting of Learned Society/Organization
Location of Meeting:	_____	
Nature of Event, or Purpose of Meeting:	_____ _____	
Number of Participants:	_____	(please list participants on reverse)
Date(s) of Event	_____	
Official Host:	_____	Department: _____

Dollar Amount:	_____	Cost Per Person:	_____
Account Information / Fund Source:	_____		

Host Certification
I hereby certify that the above is a true statement of the expenses incurred by me, that such entertainment / meeting expenses were incurred for official University business purposes, and that original receipts have been submitted for expensed over \$75.00, as required by University policy, and whenever possible on reimbursements less than \$75.00.
HOST SIGNATURE _____ DATE: _____

