

ENTERTAINMENT REIMBURSEMENT FORM

(Revised 4/10/02 per U.S.O. letter 02-107)

Date Submitted _____ Account to be charged _____

Date of Event _____ Department/Function/Event/Date _____

Purpose of Entertainment: _____

Name/Address of Person to be Reimbursed: _____

Name of Participants

Title, Occupation, or Organization

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Please attach original receipts. Entertainment amounts over \$250 will require the Dean's signature.

Maximum Reimbursement Calculation (rate effective 4/10/01)

Breakfast	\$18 x _____	\$ _____
Lunch	\$30 x _____	\$ _____
Dinner	\$45 x _____	\$ _____
Light Refreshments	\$12 x _____	\$ _____
Actual reimbursement requested:		\$ _____

RECRUITMENT--Maximum Reimbursement Calculation (rate effective 9/06/01)

Breakfast	\$36 x _____	\$ _____
Lunch	\$50 x _____	\$ _____
Dinner	\$80 x _____	\$ _____
Actual reimbursement requested:		\$ _____