



Entertainment Form

Please submit with the Check Request Form when requesting reimbursement for University Related Entertainment.

University Related Business Purpose:

Amount for Reimbursement: _____

Date, Time, and Location: _____

Listing of Individuals Entertained:

Attendee Name or Defined Group

Relationship to University

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify the expenses attached were incurred for the business purpose I have listed above.

Print Employee Name

Employee Signature

Please attach itemized receipt including tip if applicable to the back of this form.

This form should be attached to a Check and Reimbursement Request Form to be reimbursed.