

**REIMBURSEMENT FOR HOSTING SEMINAR SPEAKERS/RECRUITING**

Name of Host \_\_\_\_\_ Employee ID# \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Phone \_\_\_\_\_

Budget No. \_\_\_\_\_ BKFST/LUNCH/DINNER(CIRCLE ONE)

Name of visitor(s) \_\_\_\_\_

Visitor's Organization \_\_\_\_\_

Reason for visit \_\_\_\_\_

Attendees:

Name \_\_\_\_\_ Dept/Company \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restaurant Name \_\_\_\_\_ Receipt amount \_\_\_\_\_

(provide itemized receipts)

Date of Meal \_\_\_\_\_ Reimbursable Amount \_\_\_\_\_

I certify that I have incurred the above expense or provided the above service.

**SIGNATURE**  X \_\_\_\_\_

|  |             |             |             |             |
|--|-------------|-------------|-------------|-------------|
| Dept Entertainment Policy:                                 |             |             |             |             |
| Meal limits:   | Breakfast   | Lunch       | Dinner      | Alcohol     |
|  | \$15/person | \$20/person | \$60/person | \$15/person |
|  | \$60 total  | \$80 total  | \$240 total |             |
| * NOTE: UNIV PURCHASING CARDS SHOULD NOT BE USED FOR MEALS |             |             |             |             |