

ENTERTAINMENT REIMBURSEMENT FORM

(Food/Restaurant)

Art/Art History Departments

Date Submitted _____

Check Department

____ Art Department

____ Art History Department

Requestor's Name _____

Date and Location of Event _____

Purpose of Meeting/Event _____

A guest list containing the name, title, and occupation or group must be attached to this Entertainment Request form. If more lines are needed, attach a separate sheet.

Name	Title	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Restaurant/Grocery Store _____

Total _____

Funding Source _____

Approved by Susan Komura _____

Please tape receipt(s) on a separate sheet of paper.