

## REQUEST FOR PAYMENT ENTERTAINMENT EXPENSE

Today's Date \_\_\_\_\_

Make payment to:  Person  Corporate Visa  Vendor

Name:

Mailing Address:

City, State & Zip:

Type of Expense:  Breakfast  Lunch  Dinner  Light Refreshments

Name of Group Entertained:

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Date(s) entertainment occurred \_\_\_\_\_ \*Number of participants \_\_\_\_\_

**\*GUEST LIST MUST BE RECORDED; INCLUDE NAME, TITLE & COMPANY/DEPARTMENT**

**(Sign up sheet is provided on page 2)**

Purpose of Entertainment (Include purpose of meetings):

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Budget to be charged: Account: \_\_\_\_\_ Sub Account: \_\_\_\_\_ Project: \_\_\_\_\_

Total \$ \_\_\_\_\_

- **Please sign & attach all receipts/invoices then forward to Kristina Eikenbary.**
- **Original, itemized receipts are also required.**
- **If receipt is lost or unavailable please fill out and attach a Declaration of Lost Evidence form.**
- **Maximum per person, by meal: Breakfast: \$18, Lunch \$30, Dinner: \$45, Light Refreshments: \$12**

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*Host's signature*

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*Department*

Name	Title	Company/Department
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