



REQUEST FOR REIMBURSEMENT

ENTERTAINMENT / FOOD EXPENSE

Name	Account
Position	Sub Account

Type <input type="checkbox"/> Business <input type="checkbox"/> Recruitment <input type="checkbox"/> Social
Event Name
Business Purpose
Event Date

Morale Building Event: Yes No

** If yes, please give justification* _____

Of Participants
Attendees (If Less than 10)
<i>* If more than 10 please include attendee list or flyer / email invite</i>

SUBMIT FORM, ORIGINAL "PAID" ITEMIZED RECEIPTS AND AGENDA.

Signature

Date

Activity Director

Date

ASUCD Controller / Business Manager

Date