HASC Entertainment Reimbursement Request
**Attach event flyer**

Date of Request:
Name of Payee:
Event Date:
Location:
Guest:
Event Type:
Account Name and/or Number:
Amount requested:
Number of Participants:

List of participants names, titles, occupations or group affiliations establishing business-related relationships: (attach if necessary)

• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____
•	•

Business related nature of the occasion or purpose of the event:

OFFICIAL HOST: I was present and certify these entertainment/hospitality expenses were incurred for an official University business purpose.

_____ _____
Signature   **Date**

_____
Print Name & Title