

HOSTING / MEALS / ENTERTAINMENT FORM

Person Submitting Claim _____ Number of Attendees _____

Business Purpose _____

If more than 12 people, give name of group and not individuals _____

NAME OF ATTENDEE	TITLE	ORGANIZATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did students participate,
and did you give them
more than just snacks?

☐ Yes ☐ No

If yes, _____

Dean's Signature

Date

Signature of Person Submitting Claim

Date

Department Chair's Signature

Date