



Social Amenities Reimbursement/Payment Request Form

To request payment or reimbursement for social amenities and/or entertainment expenditures, please complete this form. It **MUST BE SIGNED** by both the administrator in charge of the account being charged **AND** the requestor.

Date _____

Amount _____ Index/Account _____

Requestors Name _____ Banner ID _____

Date of Expenditure _____ Time of Expenditure _____

Location of Expenditure _____
(Where was the purchase made?)

Purpose of Expense (Indicate the public purpose met by the expenditure.)

I certify that the above amount does not include any expense for alcoholic beverages of any kind.

I certify that the above amount includes an expense for alcoholic beverages and therefore **IS NOT** being charged to state or federal funds.

Signature of Requestor

Date

Administrator Approval

Date

Please list names of all participants and organizations they represent on the back of this sheet

List names of all participants and the organizations they represent

Name

Department or Organization

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
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21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____