Entertainment Reimbursements

Location and date where expenses were incurred: ________________________________

_________________________________Number of Participants: ________________

Participant names and titles:
_________________________________________________________________________
_________________________________________________________________________

What was the entertainment for: _______________________________________________

_________________________Account to be charged: ______________________________

PI signature: _______________________________________________________________

Name of person to be reimbursed: _________________________________

Do you want a:
CHECK _____  DIRECT DEPOST_________ CAMPUS MAIL _____ Box # __________

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