

Institute for Energy Efficiency

Entertainment Reimbursement Form

Reimbursement to be paid to: _____

Employee ID #: _____ Direct Deposit Campus Mail

Total cost to be reimbursed: _____

Account-fund: _____

Location expenses were incurred: _____

Participant names & titles: _____

Total # of participants: _____

Purpose of entertainment: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Payee signature

Date