

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 DEPOSIT _____ CAMPUS MAIL _____ Box # _____

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