

Entertainment Expense

PLEASE CHECK THE ACCOUNT LOCATION AND ENTER THE APPROPRIATE ACCOUNT NUMBER:

☐ University Funds: Account # _____ Contact Person _____ Phone _____

☐ Development Foundation: Account # _____ Contact Person _____ Phone _____

Number of Attendees _____

Menu Item and Quantity	Estimated Cost per catering guide	Actual Cost completed by food service provider after event
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

Place of entertainment _____

Date of entertainment _____ Time of entertainment _____

Description of group and names of persons entertained

Purpose of entertainment

Approved by _____ Date _____
(Individual with signature authority for the account listed above)

Vice President Approval _____ Date _____
(Only required when all attendees are SSU administrators/staff/faculty)

For food service use only

Control Number _____ Invoice Date _____