PENNSTATE

Document or P Number: _____
(Also note document or P Number on all supporting receipts)

GROUP MEAL / GROUP MEETING SUPPORT FORM

Instructions: Once completed, attach the original detailed receipt to this form before submitting.
Expenses must be in accordance with the Travel Policy, Policies FN10, BS14, and Guideline FNG06.

Paid by (check one):

- ❒ Purchasing Card -- Date Reconciled _____ Reconciler _____
- ❒ SRFC as part of Travel Settlement
- ❒ Petty Cash
- ❒ SRFC to reimburse individual
- ❒ SRFC to Vendor (Prior Budget Executive Approval Required)

Date of Purchase: _____

Purchased by (Name): _____ **PSU ID:** _____

Hosted by (Name): _____ **PSU ID:** _____

Restaurant or Vendor: _____ **Location (City/State):** _____

Business Purpose: _____

❒ **Check here if purchase is supplies for various business meetings** (If checked, attendee info and host signature not required)

Name of group/committee/commission: _____ **Number of Attendees:** _____

Name of Guest(s) [Include title(s)]: _____

_____

Name of Penn State Employees: _____

_____

(Note to FO: If only Penn State employees are in attendance, this expense MUST be X-coded if on general funds.)

1. Total Amount on Receipt: $_____
2. Gratuity (if not on receipt): _____
3. Total Cost of Meal or Meeting Expenses: _____
4. LESS (Amount **not** to be reimbursed or paid): (_____)
5. TOTAL (Amount charged to budget(s) - line 3 less line 4): $_____

NOTE: The purchase of alcoholic beverages and the prorata portion of any gratuity is limited to certain unrestricted donor funds (see Policy FN10 and Guideline FNG06). In no case may alcoholic beverages be charged to general funds of the University.

Are alcoholic beverages included in the total for settlement in line 5 (Total), above: YES ❒ NO ❒

If YES, what is the total cost of alcohol with prorated gratuity included in line 5 (Total), above? $

Budget Distribution for Settlement

Budget Number	Fund Number	Fund Name	Object Code	Cost Center/Project #	Amount
				TOTAL ACTUAL >	0.00

I certify the above expenses are accurate, University business was conducted, and that reimbursement / settlement has not been, and will not be, requested or received from another source.

Purchaser Signature (Required) _____ Date _____ Budget Administrator (Required) _____ Date _____

Host Signature (If not the same as Purchaser) _____ Date _____ _____ Date _____

(03-20-07)