



FRANCIS MARION UNIVERSITY
ENTERTAINMENT EXPENSE DOCUMENTATION FORM

For this reimbursement to be processed, this form must be completed in its entirety with relevant receipts and/or invoices attached. Receipts must be itemized and detail all charges incurred.

EVENT INFORMATION			
Date of Event		Department	
Cost		Budget Number	
Business Purpose / Benefit			
Name of all FMU Employees / Employee Organization			
Names of all FMU Students / Student Organization			
Non-FMU Guests			

APPROVALS			
Requestor Name (<i>print</i>)	Requestor Signature	Date	Phone Number
Preferred Check Address (<i>home, campus, or direct deposit</i>)			
Department Head Signature			Date

ACCOUNTING / PURCHASING USE ONLY		
Voucher Number	Purchasing Review By	Date
Accounting Review By	<input type="checkbox"/> FMU <input type="checkbox"/> Development Foundation	Date