



# Business Entertainment Expenses

Rev. 8/08

CONTROLLER's Ofc USE ONLY

PHC:

VOUCHER:

Department Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Department Cost Center (DCC): \_\_\_\_\_

Time of Event: \_\_\_\_\_

Project/Grant: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Printed Name of Authorizing Person: \_\_\_\_\_

Signature: \_\_\_\_\_

Description of Event (Business Purpose) :

Line	Name of Attendees*	Department/Organization
1		
2		
3		
4		
5		
6		

\*If a large group, use back of sheet, attach roster, or indicate name of group.

Approval for exception to Business Entertainment Policy: \_\_\_\_\_  
(President or Vice President not involved in activity)

**If requesting reimbursement for expenses, complete this section as well as above.**

BGSU ID Number: \_\_\_\_\_

Document Total: \_\_\_\_\_

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Mailing Address:

Date check needed: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

<input type="checkbox"/> Mail Check to the Address Above <b>OR</b> <input type="checkbox"/> Check will be picked up at the Accounts Payable Office Name: _____ Phone Number: _____
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Line	Fund	DCC or Project/Grant	Program	Account	Amount	Signature of Budget Administrator
1						
2						
3						

Charges not adequately documented to support an official University purpose and/or appropriately approved will be considered a personal expense of the individual authorizing the charge.