

PHARMACEUTICAL SCIENCES  
BUSINESS / ENTERTAINMENT REIMBURSEMENT REQUEST FORM  
(Complete all fields below)

Today's Date:	Event/Title:
Event Date:	Event on Campus?
Host Name:	Host Signature:
Meal Type:	Was Alcohol Served?
Please note alcohol cannot be charged to state funds. Any meal overages will be charged to separate accounts.	
Account/Fund:	Amount Total:
Explain the purpose of the event in detail:	
Why did the event occur during a meal?	
If research funds are being used, how does it benefit the project?:	
Number of attendees:	List attendees (or attach separate list):
PI Name:	PI Signature: