



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, and BS14.

Paid by (check one): Purchasing Card -- Date Reconciled _____ Reconciler _____
 SRFC as part of TravelSettlement SRFC to reimburse individual
 Petty Cash 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) . 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 >					

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.

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

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