



**SECTION A. Required Information** (Cannot be modified by department)

Supplemental form to assist departmental processing of the Entertainment PO. This form does not replace the Entertainment PO.

Name/Purpose of Event: \_\_\_\_\_

(Please type or print) \_\_\_\_\_

Breakfast  Lunch  Dinner  Light Refreshments

Date of Event: \_\_\_\_\_ \*Number of People Attending Event: \_\_\_\_\_

Place of Event: \_\_\_\_\_

Estimated/Actual Amount: \$ \_\_\_\_\_

Payment Made To: Individual  Vendor

Individual/Vendor Name To Be Paid: \_\_\_\_\_

I hereby certify that the information herein is a true statement of the expenses incurred by me, that such entertainment/meeting expenses were incurred for Official University business purposes, and that I have submitted original receipts for all expenses as required by University policy.

\_\_\_\_\_  
 Host Name (please type or print) Date

\_\_\_\_\_  
 Host Signature

\*Attach list of attendees when required.

**SECTION B. Supplemental Information** (may be required by departmental process)

Fund Source:

BU	BFS ACCOUNT	FUND	ORG	PROGRAM	SP	PROJECT	FLEX
PO #		Vendor Remittance Address (if more than 1 in BFS)					
Final Payment <input type="checkbox"/>		Partial Payment or Deposit <input type="checkbox"/>					

Other Information: