PENNSTATE

Document or P Number: _____
(Also note document or PNumber on all supporting receipts)

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 tot al for settlement in line 5 (T otal), 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 >	0.00

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.

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

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

(01-2015)

Official Penn State GURU FORM