

**NC STATE UNIVERSITY
DEPARTMENT OF CHEMISTRY
ENTERTAINMENT REIMBURSEMENT VOUCHER**

YOUR NAME

_____/_____/_____
Today's Date

street

city, state, zip

(____)____-_____
home phone number

Your Vendor ID#

Your email address

Tape Restaurant
Receipt(s) to full-size
sheet of paper

Name of Establishment

Prospective Graduate Student _____
(Guest Names)

Seminar Speaker _____
(Speaker Name)

Faculty Candidate _____
(Candidate Name)

Other: _____
(Departmental Personnel, Guests)

The university requires a name of those in attendance. Your request will not be processed without accurate information.

This entertainment expense is authorized by: _____
Department Head/Chair

Alcohol Purchases authorized by: _____
Daniel L. Solomon, Dean

Amount of Wine Purchased: \$ _____ Acct 52209

Amount of Beer Purchased: \$ _____ Acct 52209

Amount of Alcohol Purchased: \$ _____ Acct 52209

Amount of Meal: \$ _____ Acct 53991

Total of Reimbursement Requested \$ _____

SP APPROVED

Internal Code: _____

Financial Code: _____