



GROUP MEAL AND MEETING SUPPORT FORM

PURPOSE: This form is used to document expenses for a group meal or meeting. As supporting documentation this form, the preauthorization email, and receipts are to be uploaded into the appropriate system: PSUbuy, SIMBA (Non-PO Invoice or Journal Entry), or SAP Concur.

When hosting a group meal or meeting, costs are to be allocated based on the attendees of the group meal or meeting (i.e., primarily Guest/Donor/Candidate/Board, primarily Students, primarily Employee, primarily Faculty/Academic, or primarily University Community). See the 5239xxxx range in the [Procurement Search Tool](#) for the appropriate GL to be charged.

TO BE COMPLETED BY GROUP MEAL OR GROUP MEETING EVENT HOST

Paid by (select one): _____

Event Date: _____ **Event Host:** _____

Event Location: _____

Location Address: _____

Business Purpose: _____

Name of group/committee/commission: _____ **# of Attendees:** _____

Attach the following:

- ☐ Meeting Agenda (if available)
- ☐ List of University employees
- ☐ List of Guests/Visitors and their respective titles
- ☐ List of University students and their academic level (undergraduate or graduate)

Reimbursement:

Total Amount of Food on receipt	_____
Total Amount of Alcohol on receipt	_____
Total Food Gratuity on receipt	_____
Total Alcohol Gratuity on receipt	_____
Food Gratuity not on receipt	_____
Alcohol Gratuity not on receipt	_____
Subtotal Cost of Meal or Meeting Expenses	_____
Less amount not to be reimbursed or paid	_____
Total Cost of Meal or Meeting Expenses to the University	_____

NOTE: The purchase of alcoholic beverages and the pro rata portion of any gratuity is limited to certain unrestricted donor funds (see Policy [FN10 Other Business Expenses and Activities](#)). In no case may alcoholic beverages be charged to general funds of the University.

Food Cost Collector:

Cost Object Type	_____	Cost Object #	_____	GL #	_____
Business Area #	_____	Grant #	_____	Amount	_____

Alcohol Cost Collector:

Cost Object Type	_____	Cost Object #	_____	GL #	_____
Business Area #	_____	Grant #	_____	Amount	_____

If additional cost collector information is necessary, create a spreadsheet containing the information identified above and submit with this form.

AUTHORIZATIONS:

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.

Event Host signature _____

Date _____