# Hospitality and Entertainment of Non-Employees

# *This form is optional and may be used to request for reimbursement of Hospitality and Entertainment of Non-Employees expenses or for planning purposes. The form should be filled out completely. Incomplete or insufficient data may cause the request to be denied or returned. Attach an approved copy of this request to all invoices related to this event as needed.*

### Meeting Information

|  |  |
| --- | --- |
| Title of Event:            | Event Date:            |
| [ ] Recurring Event [ ] First-Time Event |
| [ ] On Campus Location [ ] Off Campus |
| Type of Expense – Must be Specific           |
| Will alcohol be served?[ ] Yes [ ] No If Yes and On Campus, you must complete [UM 23](https://policy.umn.edu/sites/policy.umn.edu/files/forms/um23p.pdf). |
| Group Name and Address (subsequent invoice for payment must include names of University and Non-University Attendees)           |

**Funding Source and Type**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fund** | **DeptID** | **Program** | **Account** | **FinEmplID\*** | **ChartField 1\*** | **ChartField 2\*** |
|       |       |       |       |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Estimated Total Cost | $      | Estimated Total Cost per Attendee | $      |
| Funds[ ] Non-Restricted      Restricted | If Restricted – Specify nature of restriction        |

### Justification

|  |
| --- |
| Benefit to your Department/College (please be specific)       |

### Approvals

|  |  |  |
| --- | --- | --- |
| Requestor      | Date     | Department Name      |
| Approved – Chief Financial Manager | Date     | For Questions Contact: | Phone:      |
| University Controller (if exception needed)      |