



**BUSINESS ENTERTAINMENT (MEAL) SUBMITTAL FORM**

Please email to [ESOPFINANCE@UNC.EDU](mailto:ESOPFINANCE@UNC.EDU)

**PLEASE CHOOSE A PAYMENT TYPE:**  Payment to Vendor     Reimbursement to Employee/Student/Affiliate

Vendor/Employee Name: \_\_\_\_\_ Total Payment: \_\_\_\_\_

**PLEASE LIST THE CHARTFIELD STRING(S) TO BE USED FOR THIS PAYMENT**

<u>Dept</u>	<u>Fund</u>	<u>Source</u>	<u>Program</u>	<u>Project</u>	<u>Cost Code 1</u>	<u>Cost Code 2</u>	<u>Amount</u>	<u>%</u>

*(Attach receipt to separate page)*

*Please provide the following documentation requirements below:*

Please identify the number of people entertained and **provide a complete list of names if fewer than nine:**

\_\_\_\_\_

\_\_\_\_\_

Indicate how the business entertainment benefited the University and clarify the relationship of the people in attendance (titles, committee names, reason for visitor being on campus, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of entertainment: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(For approval of payment)*

For Business Office Use Only:

Date Received: \_\_\_\_\_ Initial: \_\_\_\_\_