Form Date: 1/25/06

NAME	SU ID#					
Check where relevant	SU STAFF	SU POSTDOC	SU GRAD STUDENT	NON SU VISITOR		
DATE						
BUSINESS PURPOSE				,		
ACCOUNT # - PER P.I.						
Enter Vendor	ENTER AMOUNT IN THE RELEVANT COLUMN (Must breakout alcohol and napkins etc. from restaurant or grocery receipts)					
VENDOR	OFFICE SUPPLY	LAB SUPPLY	FOOD	ALCOHOL	OTHER	
		,				
					A	
		,				
Dinner: List All Attendees						
FOR FOOD OR EVENT LIST ATTENDEES Food For Lab or Event: List Group & Approx. Number  All Ph.D. Students @ 55 All Lab Members @ 10 All Faculty @ 17 etc.						
Requests due within 30 days	of expense Proce	essing after 60 da	vs will be reporte	ed as taxable incor	ne.	

Food requires a yes/no statement regarding Alcohol. Alcohol costs must be identified.

Dated original receipts are required OR a lost receipt form

Non Reimbursable from government grants: Alcohol. Food (Exception is for meals incurred during travel for the traveler only.)

Attach all receipts