NC STATE UNIVERSITY COLLEGE OF SCIENCES REIMBURSEMENT/PCARD EXPENSE APPROVAL FORM

//	/ Date	Э
Submitted to DBM		
DBM Approval:		

YOUR NAME Street	PLEASE TAPE RECEIPT(S) TO THE SECOND PAGE Attach any additional documents before routing for approval.
City, State, Zip	
Guest Name:	
Seminar Speaker Faculty C	andidate Grad Applicant Other (specify)
Please list all other	
Attendees:	
(Departmental Personnel, Guests)	
This entertainment expense is authorized by: _ Alcohol Purchases authorized b	Paul Huffman, Department Head Da te
Amount for Alcohol: \$	Acet 52209
Amount for Meals: \$	Acct 53991
Amount for PerDiem Meals: \$	Acct 53144 (non-university)
Total Reimbursement Requested \$	Date Submitted to Dean
Total Amount Not Reimbursable: \$	
Total of Reimbursement: \$	0.00

