

**Business Entertainment Expenses Memo**

Business Expenses Verification for:
[put here EITHER the name of person to be reimbursed and for what reason (type/name of event);
OR
the name of caterer and type/name of event]

Department Name: Carolina Seminars – [Name of Specific seminar here]

Date of Expense:

Place of Meeting:

Number in attendance:

Names of Those in Attendance: (Provide names if 8 attendees or less. If more than 8, provide number.)

Receipts attached: Y / N

Signature of Department Authority:

Date Signed:

[Convener or co-convener signature here. Secondary authorize signature needed if requesting reimbursement. If not a co-convener, contact Rachel Ear at carolinaseminars@unc.edu for signature.