

**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](mailto:carolinaseminars@unc.edu?subject=Request%20for%20expense%20signature) for signature.