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<u>Request for Reimbursement of Refreshments or Business Meals</u> (Itemized Receipt Required)						
Event Details:	-	-				
Name:						
			.			
Check one: UH Faculty	UH Staff	UH Student	Other (specify	/):		
Home Address:						
Name of Venue:						
Date of Event:		Time of	Time of Event:			
Event Explanation:						
Faculty Recruitment: St	udent Recruitment:	<u>I</u>	If Department Seminar please check:			
Other (briefly describe):		Gene	eral Seminar	Organic	Theoretical	
		Phys	ical	Inorganic		
Topic of Discussion/Seminar Tit						
Benefit of Meeting/Function to t	he mission of the ur	niversity: Please b	e specific.			
Attendees, Total/Cost Center, ar For 10 or fewer participants	<u>s:</u> Provide names, title			ion to the University.		
<i>For more than 10 participal</i> 1.	<u>nts:</u> Provide estimate	of total attendance i 6.	n first box below.			
2.						
	7.					
3.	8.					
4.		9.				
5.		10.				
Amount of Reimbursement \$:		cost Center to Charge: d codes: 2064, 2160, 2164 prohibit food/entertainment)				
		(Funa coaes: 2064, 2	2100, 2104 pronibit 100	u/entertainment)		
Signature of Payee	Date		gnature of Dean/D	irector Date ving only UH employees)		

Signature	of	Supervisor
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Date