

SOMeCA

SOAR/Student Media/Cultural Arts & Diversity Food (&Entertainment) Reimbursement Form

This reimbursement is for Food or Entertainment-related supplies? *

Yes Continue with this form.

IF No –*Do not continue with this form. Please fill out the Direct Payment Form.*

Fill out all required information below and turn it in to your Office with Original and Itemized receipts.
Reimbursements can take 6-8 weeks for payment.

204 form is attached or has already been submitted.

CONTACT

Payee Name _____ **Phone:** _____
Email: _____ **Address:** _____
Organization: _____

My signature certifies that providing food or beverages will: increase student attendance; promote cultural understanding or support student participation at a mealtime.

Authorizing Signature (Cannot be Payee): _____
Name: _____ **Date:** _____

A guestlist is required for this reimbursement.

An Event Proposal will serve as a guestlist. If you do not have an Event Proposal on file, please attach a copy of the guestlist.

EVENT

Name of Event: _____ **Date of Event:** _____
Event location: _____ **Number of Participants:** _____
Event Type: Breakfast/Lunch/Dinner/Refreshments/Bulk

PAYMENT

Total Cost including Tax and delivery may not exceed \$ _____
Take funds from the following fund(s) source: Earned Income \$ _____
CEP\$ _____ College Gov. \$ _____ SUAS\$ _____
Measure\$ _____ Other \$ _____

OFFICE USE

Fund	Org Code	Account	Activity	Amount

***Food and Entertainment Related Supplies:** Include food, beverages, sales tax, gratuity, and service and delivery charges for each food and/or beverage expense. Also include linens, decorations, flowers and other supplies that are involved with the serving of food and/or beverages (e.g. ice, utensils, plates, cups, tables, and chairs)