penn <u>State</u>				ment or P Number: note document or PNumber on al		
8° L	GROUP ME	AL / GROUP	MEETING S	SUPPORT FORM		
		ompleted, attach the origin ccordance with the Trave		this form before submitting. 0, and BS14.		
Paid by (check one): Purchasing Card Date Rec SRFC as part of TravelSettlem Petty Cash 			ement 🛛 🛄 SRF	C to reimburse individual		
Date of Purchase:						
Purchased by (Name):				PSU ID:		
Hosted by (Name):				PSU ID:		
Restaurant or Vendor: Location (City/State):						
Business Purpose:						
-				gs (If checked, attendee info and ho	st signature not required)	
Name of group/committee/commission:				Number of Attendees:		
Name of Guest(s) [Include title(s)]:						
		2.1 2.1		2011/00		
Name of Penn State Employees:						
(Note to FO: If only Penn State employees are in attendance, this expense MUST be X-coded if on general funds.)						
1. Total Amount on Receipt:			\$	\$		
2. Gratuity (if not on receipt):						
 Total Cost of Meal or Meeting Expenses: LESS (Amount not to be reimbursed or paid): (,		
 4. LESS (Amount not to be reimbursed or paid): () 5. TOTAL (Amount charged to budget(s) - line 3 less line 4): \$ 						
-				uity is limited to certain unres	tricted	
				c beverages be charged to ge		
	as included in the	tot al for settlement in	line 5 (Total) abo	ve: YES 🗖 🛛	ю 🗖	
		with prorated gratuity in				
		Budget Distribu				
Budget Number	Fund Number	Fund Name	Object Code	Cost Center/Project #	Amount	

TOTAL ACTUAL>						
I certify the above expe will not be, requested of			conducted, and that r	reimbursement / settlement has	not been, and	
Purchaser Signature (Required)		Date	Budget Adm	ninistrator (Required)	Date	