

PUBLIC RELATIONS AND ALCOHOL EXPENSE FORM

NO PAYMENT REQUEST IS REQUIRED WITH THIS FORM

SECTION I. Payment Method (select one)

Expense paid with P-card? Yes No * IF YES, PROVIDE P-CARDHOLDER NAME AND FILE THIS COMPLETED FORM WITH DEPARTMENT P-CARD RECORDS. (SECTION II MUST BE COMPLETED WITH AUTHORIZING SIGNATURES)

Expense paid with personal funds? Yes No *IF YES, SUPPLY THE FOLLOWING FOR REIMBURSEMENT Employee Name: Emp #: Dept ID to be charged: Acct code:

Does purchase include cost of alcohol? Yes No * If Yes provide a designated PR Alcohol Dept ID below Dept Id for alcohol Account 567100

Expense to be paid directly to vendor? Yes No *IF YES, SUPPLY THE FOLLOWING FOR VENDOR PAYMENT Vendor Name: BSU Vendor #

Dept ID to be charged: Acct code: 567050 Does purchase include cost of alcohol? Yes No * If Yes provide a designated PR Alcohol Dept ID below Dept Id for alcohol Account 567100

SECTION II. Event Description (Must be completed regardless of payment method)

Vendor providing meals/refreshments

Event location: On campus Off campus

Event Date: Start time: End time: Total number in attendance:

Total cost of event: \$ Meals/Refreshments *cost per person: \$ *Exclude cost of alcohol from above total and include separately below *Divide # of attendees into total food cost excluding alcohol cost

Cost of alcohol \$ Provide a designated Alcohol PR Dept ID in Section 1 for this portion of payment.

Business Purpose Statement. See instruction sheet for additional information on business purpose statements. (Attach separate sheet if necessary)

- Required back-up (Refer to instructions) Itemized original receipt providing proof of payment, or invoice Agenda, invitation, or flyer List of attendees and affiliation Written authorization (if required)

Requestor Name Tel Ext Dept Name I certify the following: No food or refreshments exceeding \$50.00 were brought on campus, p-card and vendor payments do not include sales tax, p-card expense does not include cost of alcohol. Signature of Requestor: Date Authorized Signature Date Please Print Name Please Print Title

A/P Use Only: Alcohol purchase related to donor cultivation reported to Univ Advancement/Finance? Yes No Voucher #: Voucher Date: Return to Name Mail Stop

For questions regarding this form, please contact A/P Assistant Manager at Ext 6-1539