

School of Music

Event Participants for Business Meals

Submit receipts to the business office within 2 business days of purchase.

NAME: _____ DATE: _____

E-MAIL: _____@illinois.edu PHONE: _____

UIN: _____ FUNDING SOURCE: _____

EVENT LOCATION: _____ EVENT DATE: _____

BUSINESS

PURPOSE: _____

CHECK ONE: Breakfast Lunch Dinner Other: _____

If more than 20 people were in attendance, please estimate how many attended: _____

To be reimbursed Purchased on T-Card

Please list name and university affiliation for all attendees:

NAME	AFFILIATION (e.g. School of Music, Guest, etc.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____