

Internal NC State Purposes Only - For Events Held at StateView Hotel - Form PC107

What is the Title or Name of the Event (please spell out-no abbreviations)?	
Purpose of Event:	

Name of Contact Person	Title	Phone Number

What is the Estimated Total Amount of the Meal Expenses?	
Will Alcohol be Served? (Yes/No)	
Do invitees include persons under age of 21? (Yes/No)	
How Many People Were Invited to or Attended the Meeting?	

A list of attendees (with University employees identified) must be presented when the final invoice is provided for review and approval.

Requestor's Certification	
I certify that the meal expenses incurred are an ordinary and necessary expense for conducting university business as described above and that the information provided herein is accurate. If Alcoholic Beverages were included in the meal, I certify that I am knowledgeable of the University's "Alcohol Regulation" and "Alcohol Policy" as provided in PRR "POL 04.02.1 & 04.20.2", and certify that I have complied with those requirements.	
Approval (No Lower than Department Head for Food, Dean for Alcohol)	
Signature - Approval / Date	
Printed Name / Title	

Funding Source			
Meals (Meals May Not be Charged to Ledgers 2, lower 3 and 4)			
Category	Project ID	GL Account Code	Amount
Alcohol			
Food			
Other			