

Please include this form with all food and alcohol related invoices or reimbursement requests.

To: Accounts Payable
Studebaker
615 West 131st Street, 3rd Floor
New York, NY 10027

Invoice #: _____ or Travel/Business Reimbursement Receipt #: _____

Date of Event: _____ Name of Event: _____

Type of Meal/Event

- Mid-term/final juries; visiting critics and GSAPP faculty are given lunch here and often taken to dinner
- Food/alcohol for student parties
- Scheduled lectures and symposia
- Faculty Meeting
- Class lecture/colloquia
- Other: _____

Amount for Food: \$ _____

Amount for Alcohol: \$ _____

List names of attendees if 10 or less (or attach list). Include affiliations to the University and provide approximate numbers below:

of Faculty/Staff: _____

of Students: _____

Other (specify): _____

Names below if 10 or less:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |