

Event Title	
Purpose of Event	
Event Date (m/d/yy)	Event time
Event Location (include facility name and city, if off-campus)	
Type of Expense (check all that apply for this event on this date)	
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Refreshmnets	

ATTENDEES

Name	Title	Group Affiliation
1.		
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EVETN HOSTED BY

Print Name	Title	Signature
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