

Liberal Arts Official Occasion Expense Form

Department/ Unit: _____

Payee Information: (Please choose one)

Payment to Vendor: Name _____

Reimbursement: Name/ EID _____

Amount: _____ Account Number: _____

Meeting Date: _____ Meeting Location: _____

Purpose of Meeting: _____

Meeting's Benefit to UT: _____

Group Attending: (Please include the total number in attendance): _____

If 10 or less in attendance, please complete the section below:

Name	Title	Affiliation

Was the Chair/Director in attendance, or was the Chair/Director the Payee? Yes No

Payee Certification:

I certify that the attached invoice(s) are correct and that it corresponds in every particular with the supplies and/or services contracted for. I further certify that the account is true, correct and unpaid.

Signature of individual to receive reimbursement Date