



STATEMENT FOR PERSONAL CONSUMPTION ITEMS

EMPLOYEE OR SUPPLIER'S NAME:

PERSONS IN ATTENDANCE:

NAME AND PURPOSE OF EVENT:

DATE(S) OF EVENT: _____

Dollar Amount: \$ _____

BUSF CODE: **7.05** _____ (A or B) _____ (#1-16)
(See Policy and include correct letter and number)

Receipts Attached: _____ (Y or N: form will be returned if receipts are not attached)

PS Chartstring: _____

Dept.

Fund

Class

Project ID# (grants only)

Form Submitted by:

APPROVAL:

(Chair/Dean/Director Signature)

(Vice Chancellor or Chancellor Signature)

(Date)