Rowan University

Entertainment/Official Reception Request

(To be submitted with catering form and/or MDV for reimbursement)

Individual/Group Name_____ Date:_____

Department_____Location/Building)_____

Phone #_____

State the purpose of the reception/function in terms of the goal(s) or objective(s) of the division or department. (Site specific language from the Entertainment/Official Reception Policy of the Administration and Finance Policies and Procedures)

_____

_____

Identification of the Group: Who is attending and how many people are attending?

_____

List of University Employees attending: (Name and title required)

Name Title

_____

_____

_____

_____

_____

_____

Addition Information: (Please include any other information or justification which will demonstrate the relationship of the function to the program or the benefit to the University resulting from the function.)

_____

_____

_____

_____

DIVISION APPROVALS

Approved Amount $_____Authorized Fund_____Org_____Acct_____Prog_____

Department*_____ Date _____

Division**_____ Date _____

*Chairperson or Director **President, Vice President or Dean