

Employee Hosting Report Request

ExpenseReports@umich.edu

Please note fields are not character limited. Only visible characters will come through to the SSC. Enter additional comments in the notes section, or attach another page to this form. Revised 1/2019

Employee Information	n		
Uniqname:			Approver Uniquename:
			Shortcode:
Date of Event:			Type of Hosting:
Select Type of Report:			
Was there alcohol?	Yes	No	
Vendor Information			
Vendor Name:			City:
			State:
			TOTAL Amount:
Business Purpose Info	rmation		
Business Purpose:			
,			
For more information on uni	versity policies	s and guidelines,	s, see <u>UM SPG 507.10-1</u> and <u>Finance's website</u> .
Attendee Name(s):		Title(s):	Affiliation(s):
**If more than 1	10 people a	ttended your	r event, attach a list with the same column headers
		Please atta	nch all required receipts
NOTES:			