

NC STATE UNIVERSITY
COLLEGE OF SCIENCES
REIMBURSEMENT/PCARD EXPENSE
APPROVAL FORM

____/____/____ Date
Submitted to DBM
DBM Approval:

YOUR NAME

Street

City, State, Zip

**PLEASE TAPE RECEIPT(S)
TO THE SECOND PAGE**
**Attach any additional
documents before routing for
approval.**

Guest Name:

Seminar Speaker

Faculty Candidate

Grad Applicant

Other (specify)

Please list all other

Attendees:

(Departmental Personnel, Guests) _____

The university requires a name of those in attendance. Your request will not be processed without accurate information.

This entertainment expense is authorized by: _____
(Insert Department Head name), Department Head

____/____/____
Date

Alcohol Purchases authorized by: _____
Lewis A. Owen, Dean

____/____/____
Date

Amount for Alcohol: \$ _____ Acct 52209

Amount for Meals: \$ _____ Acct 53991

Amount for PerDiem Meals: \$ _____ Acct 53144 (non-university)

Total Reimbursement Requested \$

Date Submitted to Dean

Total Amount Not Reimbursable: \$ _____

____/____/____

Total of Reimbursement: \$ _____

Revised 8/01/23

Tape Receipts Below:

Alcohol Purchase Approved: _____
Lewis A. Owen, Dean