

Please refer to PHS Policy and Procedures for Employee Business Expense Section III G.

GENERAL INFORMATION

Department/Group Sponsoring the event _____
 Cost Center / Fund _____ Are expenses Budgeted? (circle one) YES NO
 Event Requestor _____ Phone _____ Email _____

BUSINESS PURPOSE

Description of event, including business purpose (i.e., business retreat, holiday party, department function), date and location:

If this is a daytime event (held between 6:00 am and 5:00 pm), is the venue part of the Partners HealthCare Preferred Hotel program? If not, contact Karen Walsh at kwalsh9@partners.org

Business Retreat Educational Event Event Venue (hotel, conference center, etc) _____
 Holiday Party Recruitment
 Other _____ Date(s) & Time(s) of Event _____
 Business Purpose _____ Outside Vendor(s) utilized for event _____

*** IRS requires the agenda of the meeting or a brief description of business purpose (please attach.)**

EVENT ATTENDEES

Total Number of Attendees _____ Number of Employees _____
Attach List of Attendees (Required) Number of Non-employees _____
 Please describe business purpose of non-employees attending (IRS requires)

EVENT COSTS

Food & Beverage (Total) _____ * Per person cost (Food & Beverage only)
 Room Rental _____ Check all boxes that apply:
 Entertainment _____ Breaks - per person cost \$ _____
 Audio/visual _____ Breakfast - per person cost \$ _____
 Parking _____ Lunch - per person cost \$ _____
 Other _____ Dinner - per person cost \$ _____
 Event Budget Total _____ Food & Beverage (Total per person cost) \$ _____

APPROVALS

PLEASE NOTE: Payment will not be processed without special approval.

	General	Special (Required)
Name		
Signature		
Date		
Title		

Please keep a copy of this form and attach to all invoices related to this event.