

AMHERST COLLEGE

FACULTY ENTERTAINMENT VOUCHER

Name \_\_\_\_\_

Date \_\_\_\_\_

Department \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date of event \_\_\_\_\_

List of attendees attached

Original receipts attached

TYPE OF ALLOWANCE (check one):

Regular Faculty Entertainment

Account # 30-607702-572011 \* \_\_\_\_\_

First Year Seminar

Account # 30-607706-572011 \* \_\_\_\_\_

Home Meals

Account # 30-607742-572011

Signature \_\_\_\_\_

\*Please write your 6 digit faculty entertainment account number here.