

**University of South Carolina Foundations**  
**Meals/Business Cultivation Expense**

Date \_\_\_\_\_  
Time \_\_\_\_\_  
Location of Activity \_\_\_\_\_  
\_\_\_\_\_

Purpose, and/or  
expected benefit  
to USC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Name, Title &amp; Occupation of Attendees, including USC Personnel</b>	1. _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. _____	<input type="checkbox"/>	<input type="checkbox"/>
	4. _____	<input type="checkbox"/>	<input type="checkbox"/>
	5. _____	<input type="checkbox"/>	<input type="checkbox"/>
	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
	7. _____	<input type="checkbox"/>	<input type="checkbox"/>
	8. _____	<input type="checkbox"/>	<input type="checkbox"/>
	9. _____	<input type="checkbox"/>	<input type="checkbox"/>
	10. _____	<input type="checkbox"/>	<input type="checkbox"/>
	11. _____	<input type="checkbox"/>	<input type="checkbox"/>
	12. _____	<input type="checkbox"/>	<input type="checkbox"/>
	13. _____	<input type="checkbox"/>	<input type="checkbox"/>
	14. _____	<input type="checkbox"/>	<input type="checkbox"/>
	15. _____	<input type="checkbox"/>	<input type="checkbox"/>
	16. _____	<input type="checkbox"/>	<input type="checkbox"/>

**Signature of Person to be reimbursed** \_\_\_\_\_ **Date** \_\_\_\_\_