

University of Michigan
Hosting Documentation Form

Purpose of event: _____

Date of event: _____ Account #: _____

Amount: _____ PO# (if applicable): _____

Source/Vendor Name: _____

Contact Person/Phone #: _____

Was Alcohol Served? Yes: _____ No: _____

Was meeting held in Beyster Building? Yes__ No__ If NO, where? _____

Was this meeting in support of alumni, commencement or fund raising activities? Yes _____ No _____

List of attendees: _____ University Affiliation: _____

1. _____

2. _____

3. _____

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25. _____

Signature of event/meeting coordinator

Date