

# **ABILENE CHRISTIAN UNIVERSITY**

## **Reimbursement of Student Entertainment**

We believe that students who are in the home of faculty and staff thrive and retain at a higher rate than those who are not therefore this program exists primarily to support faculty and staff in hosting a variety of students in their homes. It is not intended for the regular meeting of a group. It is intended to support faculty and staff in hosting their current students in their homes for a meal.

When faculty & staff host a minimum of 5 students in their home for a meal, they can be reimbursed \$8 per student in attendance. The university budget will be used on a first come, first serve basis. Any reimbursements exceeding the budgeted amount will be charged back to the employee's respective department.

The reimbursement form must be accompanied by a student roster, which includes a list of all the currently enrolled ACU students that were present at the event. The sign in sheet must include the students' printed name, and banner ID. Fill out the Reimbursement of Student Entertainment form in its entirety, including all signatures. Please print name if signature is illegible.

Once the form is complete, submit to Accounts Payable for reimbursement. All reimbursements will be direct deposited into the employee's bank account.

If the form is incomplete, it will be returned to the person authorizing payments.

If you have any questions, please call Accounts Payable at extension 2785 or Human Resources at extension 2359.

**ABILENE CHRISTIAN UNIVERSITY**  
**Reimbursement of Student Entertainment**

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Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Department: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Date: \_\_\_\_\_

Fund	Organization	Account	Program
100000	54000	6236	60

Amount: \_\_\_\_\_

Terms of Reimbursement:

I agree that the funds above are for the reimbursement of a student event I hosted. I acknowledge that ACU is not responsible for any injury or damage that might arise out of the event.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ABILENE CHRISTIAN UNIVERSITY**  
**Sign In Sheet for Student Entertainment**

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Event Date: \_\_\_\_\_ Employee: \_\_\_\_\_

Banner ID	Name	Signature