THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Processing Instructions
Substantiation Documentation

Event/Meeting Information:

Date of Event/Meeting: The date the event / meeting occurred. The date should correspond to the date on the original receipt. The type format should be **MM/DD/YYYY.**

University Benefit of Event/Meeting Brief description of the type of event / meeting held. Attach any notice announcing event or meeting (flyers, correspondence, brochures, etc) and how the event / meeting is beneficial to the University.

- Example of University benefit for event / meeting: Books purchased for the New Faculty Academic Orientation to welcome and greet new faculty cohort at the President's Luncheon and Provost's Reception hosted on August 16, 2017.

Event Participants /Attendees The names, titles, and affiliations of attendees for groups of less than 10, or a headcount of individuals for groups of more than 10.

Payment Information:

Vendor Name Name of vendor to be paid

Amount of Invoice Total amount on receipt

Type of Expense Check appropriate expenditure classification.

Cost Center / Project Number to be charged: UTRGV Cost Center/Project Account number to be charged

Expense Report Number Number distributed for future reference

Certification Original signature of person requesting payment. Original receipts must be attached to form if original receipt(s) are not available, an explanation why the original receipts(s) are not available must also be attached.

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
Office of the Comptroller
Substantiation Documentation

Event / Meeting- Information

Date Event / Meeting Held: _____

Type of Event: _____

University Benefit of Event / Meeting: _____

Event Participants / Attendees: _____

Payment Information

Vendor Name: _____

Mailing Address: _____

_____

Amount of Invoice: _____

Type of Expense:

☐ Catering   ☐ Entertainment   ☐ Event / Meeting

☐ Flowers   ☐ Photography   ☐ Printing

☐ Stationery   ☐ Supplies

☐ Other _____

Cost Center / Project Number: _____   Expense Report #: _____

CERTIFICATION: I certify that the above list charges are true, correct and paid.

_____
Cardholder Signature