GENERAL INFORMATION

Department/Group Sponsoring the event ________________________________________________________________
Cost Center / Fund_______________________________________ Are expenses Budgeted? (circle one)     YES     NO
Event Requestor______________________________________ Phone ____________________ Email ________________________

BUSINESS PURPOSE

Description of event, including business purpose (i.e., business retreat, holiday party, department function), date and location:
If this is a daytime event (held between 6:00 am and 5:00 pm), is the venue part of the Partners HealthCare Preferred Hotel program?  If not, contact Karen Walsh at kwalsh9@partners.org

☐ Business Retreat  ☐ Educational Event  Event Venue (hotel, conference center, etc)______________
☐ Holiday Party  ☐ Recruitment
☐ Other ______________________________________________________________
Date(s) & Time(s) of Event ________________________________________________
Business Purpose __________________________________________________________
Outside Vendor(s) utilized for event __________________________________________

* IRS requires the agenda of the meeting or a brief description of business purpose (please attach.)

EVENT ATTENDEES

Total Number of Attendees______________________________________ Number of Employees ___________________________
Attach List of Attendees (Required)  Number of Non-employees ___________________________
Please describe business purpose of non-employees attending (IRS requires)
_________________________________________________________________________________________________
_________________________________________________________________________________________________

EVENT COSTS

Food & Beverage (Total) ____________________________ * Per person cost (Food & Beverage only)
Room Rental ________________ Check all boxes that apply:
Entertainment ________________ ☐ Breaks - per person cost $ ________________
Audio/visual ________________ ☐ Breakfast - per person cost $ ________________
Parking ________________ ☐ Lunch - per person cost $ ________________
Other ________________ ☐ Dinner - per person cost $ ________________
Event Budget Total ____________________________ Food & Beverage (Total per person cost) $ ________________

* If necessary please attach a spreadsheet for multiple meals/multiple days with budget details.

APPROVALS

PLEASE NOTE:  Payment will not be processed without special approval.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Title</th>
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Please keep a copy of this form and attach to all invoices related to this event.

84403 (8/09)