Goshen College

Faculty Entertainment of Students

Date Submitted_____

Pay to: _____
(name of faculty member)

Date of Entertainment	No. Meals @ $3.50	OR	No. Desserts @ $1.50	Total

Account Number: 1-10-7685-5218-0000

Approved by: _____
(Please list the names of students on the reverse side)

fac_ent

Name of Student	(check one) Meal	Dessert	Name of Student	(check one) Meal	Dessert