

**Colleges of the Seneca
Hobart and William Smith Colleges
Geneva, New York 14456**

Restaurant Charge Slip

Name of Restaurant

Date

in Party _____

Business Purpose:

Dept. _____
People in attendance:

- ___ **College Visitor**
- ___ **Speaker/Honorarium**
- ___ **Candidate**
- ___ **Other**
- ___ **Meeting**

Topic of Meeting

non HWS in attendance

Name of Candidate/Speaker/Visitor:

Signature of Authorizing Faculty or Administrator

Bill \$ _____
Gratuity \$ _____
Total \$ _____

Account Number

**When all is completed please "attach receipt" and forward to
Laura Millerd - Business Office**