

University of South Carolina Foundations
Meals/Business Cultivation Expense

Date _____
Time _____
Location of Activity _____

**Purpose, and/or
expected benefit
to USC** _____

- Name, Title &
Occupation of
Attendees,
including USC
Personnel**
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____
 11. _____
 12. _____
 13. _____
 14. _____
 15. _____
 16. _____

**Signature of
Person to be
reimbursed** _____ **Date** _____