



FBT MEAL/ENTERTAINMENT FORM - MULTIPLE

Use **ONLY** where all meals are on a single payment

Staff member to complete Section 1. Head of Business Unit/School Manager/Equivalent to complete Section 2

Please complete this form online and print for signing

SECTION 1: STAFF MEMBER TO COMPLETE

Prepared By	<input style="width: 95%;" type="text"/>	(person to whom queries can be made)			
BU Name	<input style="width: 300px;" type="text"/>	BU Number	<input style="width: 100px;" type="text"/>	PHONE EXTN	<input style="width: 150px;" type="text"/>

| ← Tick where appropriate → |

Date	Restaurant/ Caterer	Cost \$	Attendees		Meal Details			Alcohol		Location			Purpose			Details to Charge		Tax FBT Assess.		
			Total #	# Staff/ Assoc.	Morn. Tea	Light	Substantial	Y	N	On Campus	Off Campus	Travelling	Bus. Mtg	Seminar	Other	Duration of event	PG	Ref	Y	N

SECTION 2 : AUTHORISATION

[PLEASE REFER TO: UNIVERSITY DELEGATIONS FOR AUTHORISED BAND LEVEL](#)

Name (Print)	<input style="width: 95%;" type="text"/>		Signature	<input style="width: 95%;" type="text"/>				
Position	<input style="width: 95%;" type="text"/>	Phone Extn	<input style="width: 95%;" type="text"/>					
Band Level	<input style="width: 95%;" type="text"/>	MBDP	<input style="width: 95%;" type="text"/>	BU	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>