



**TO BE COMPLETED BY BUSINESS UNIT**

<b>DATE</b>	<input type="text"/>	<b>BU NAME</b>	<input type="text"/>
<b>BU NUMBER</b>	<input type="text"/>	<b>PREPARED BY:</b>	<input type="text"/>

*This statement supports the number of attendees on the Meal Entertainment Benefit Forms sent to FS Tax.  
Please keep this record at the school.*

FUNCTION: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTENDEES DETAILS:**

UWA STAFF/SPOUSE/PARTNER NAME	GUESTS/STUDENT/OTHER NON EMPLOYEE	ORGANISATION

FUNCTION: \_\_\_\_\_ DATE: \_\_\_\_\_

**ATTENDEES DETAILS:**

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