



HOBART AND WILLIAM SMITH COLLEGES

Restaurant Charge Form

Restaurant Name

Date

Number of Attendees

Department Name

List of HWS Attendees:

Business Purpose:

- College Visitor
- Speaker
- Job Candidate
- Business Meeting
- Other (please specify):

Name of Candidate/Speaker/Visitor:

List of Non-HWS Attendees:

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

Accounting Information

Signature of Authorizing Faculty or Administrator

When all information on this form is completed please attach the detailed restaurant receipt and forward to the Business Office. Contact the Business Office with questions at x 3344