



## ***University of South Carolina Foundations***

### **Meals/Event Attendee Form**

**Event Date**

**Time**

**Location**

**Business purpose  
and/or benefit to USC**

**Names of Attendees**

**Relationships to USC or Titles *(REQUIRED)***

1.	
2.	
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**Signature of  
Person to be  
reimbursed**

\_\_\_\_\_

**Date**

\_\_\_\_\_