

DATE OF FUNCTION:

HOST:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

HOST SPOUSE:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

GUEST:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

GUEST SPOUSE:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

OTHER ATTENDEE:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

OTHER ATTENDEE:	_____
APPETIZER:	_____
MEAL:	_____
DESSERT:	_____
REGULAR BEVERAGE:	_____

ACCOUNTING OFFICE USE ONLY:

TOTAL ALCOHOL CHARGE:	_____
TOTAL TAX CHARGE:	_____
TOTAL TIP CHARGE:	_____
CHARTFIELD 1:	_____
CHARTFIELD 2:	_____
CHARTFIELD 3:	_____