RESET FORM

Business Meals and Entertainment Form

(Attach detailed receipts when available)

Date *(dd mmm yy)*: _____

Name: _____

Business Purpose: _____

Date of Event *(dd mmm yy)*: _____

Location of Event: _____

Persons Entertained:	
Names of Individuals Involved	**Employee/Corp Official/Company** ***(CAP/DO, MER/CC, VP Exis Aviation)***

Expense Detail Section (attach detailed receipts when available):			
Business Name *(Provider)*	**Location**	**Date of Expense *(dd mmm yy)***	**Amount**
		Total	$0.00

I certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.

_____ _____

Signature **Date**

_____ _____

Approved By **Date**