To: Faculty and Staff

From: Shannon Montross

Subject: Bingham Entertainment Fund Form and Guidelines

Date: November 11, 2021

The purpose of the Bingham Entertainment Fund is to encourage faculty and staff to entertain students at their homes in an effort to extend hospitality beyond the campus. To assist in doing so, reimbursement for out-of-pocket expenses for food purchased to entertain students in faculty or staff homes is available through an endowed fund and will be processed upon receipt of appropriate documentation (see form) as long as the funds last.

The guidelines are:

1. A maximum of $75 can be reimbursed for out-of-pocket expenses for food purchased to entertain students in your home on any *single* occasion during *any* month.
2. For three beginning-of-term periods (August/September, January, and May), a faculty or staff member can be reimbursed up to a monthly total of $100 if he/she entertains students on *multiple* occasions.

Faculty and staff wishing to receive reimbursement should apply to Shannon Montross in the Office of Academic Affairs, CPO 2204. Please include all information on the following form and send with **original** receipts to my CPO (form attached). **Please note that the Bingham Fund is only for reimbursing out-of-pocket expenditures. *It is not appropriate to use a College purchasing card for food purchases that will be charged to the Bingham Fund.***

This form will be located on the Academic Affairs Office webpage, on the right side navigation bar. Please continue to welcome students to your homes for a shared meal and informal visit.

If you have any questions, please contact Shannon Montross at ext. 3487 or: [montrosss@berea.edu](mailto:montrosss@berea.edu).

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| **Name** | | **Banner ID (“B” Number)** | | | **CPO** |
|  | |  | | |  |
| **Event** | **Date** | | | **Location** | |
|  |  | | |  | |
| **Number of Student Participants** | | | **Number of Faculty / Staff Participants** | | |
|  | | |  | | |
| **Total Amount Spent (include *original* receipts)** | | | **Requested Amount of Reimbursement** | | |
|  | | | $ | | |

**Send with original receipt to:**

Sarah Broomfield

CPO 2204