

**2019 STAFF APPRECIATION DAY SUMMARY REPORT**

Please complete this summary report after your office has participated in your Staff Appreciation Day and include all receipts. Your budget account will be credited upon receipt of this report.

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| --- | --- | --- | --- | --- |
| Office/Team Name: |  | | | |
| Name of Budget Manager: |  | |  | |
| Budget Number: | 110000 |  |  |  |
| Date of Event: |  | | | |
| Number of Staff in Attendance: |  | | | |
| Total Amount Spent: |  | | | |
| Total Allocated Amount: | $25/Staff Employee | | | |

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| Brief Description of Activity: |
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Budget Manager Signature Date

**Print, sign, and, submit report (along with all receipts) to the Office of Human Resources.**