**AICHE Event Approval Form**

Name of Purchaser: ______________________________________________

Mailing Address: ______________________________________________

________________________________________________________________

Date of Event:  ______________________________________________

Event Title:  ______________________________________________

________________________________________________________________

Location:  ______________________________________________

Attendees:  ______________________________________________
(names or #s)

________________________________________________________________

________________________________________________________________

Cater:   ______________________________________________

Amount:  ______________________________________________

Approval Signature: ______________________________________________

Approval Date : ______________________________________________

Suzanne Ronkin
Academic Administration
Sharece Corner
Undergraduate Program Coordinator

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Note: Please attach this approval form with your original, itemized receipts and reimbursement form to: Administrative Services Organization (ASO) in Room 8-329; tel: 617-715-2960. Sales tax will not be reimbursed.