

## **Business Meals and Entertainment Form**

(Attach detailed receipts)

| Business Purpose:  Date of Event (dd mmm yy):  Location of Event:  Persons Entertained:  Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)  Expense Detail Section (attach detailed receipts):  Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total \$ - |                               |                      |                 |                      |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|-----------------|----------------------|--------------|
| Business Purpose:  Date of Event (dd mmm yy):  Location of Event:  Persons Entertained:  Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)  Expense Detail Section (attach detailed receipts):  Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total \$ - |                               |                      |                 |                      |              |
| Date of Event (dd mmm yy):    Location of Event:   Persons Entertained:   Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)                                                                                                                                                         | Name:                         |                      |                 |                      |              |
| Persons Entertained:   Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)                                                                                                                                                                                                            | <b>Business Purpose:</b>      |                      |                 |                      |              |
| Persons Entertained:   Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)   CAP/DO, MER/CC, VP Exis Aviation)                                                                                                                                                                        | Date of Event (dd mmm yy):    |                      |                 |                      |              |
| Persons Entertained:   Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)                                                                                                                                                                                                            | Location of Event:            |                      |                 |                      |              |
| Employee/Corp Official/Company (CAP/DO, MER/CC, VP Exis Aviation)                                                                                                                                                                                                                                   |                               |                      |                 |                      |              |
| Expense Detail Section (attach detailed receipts):                                                                                                                                                                                                                                                  |                               | Persons Enter        |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  | Names of Individuals Involved |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      |              |
| Business Name (Provider)  Location  Date of Expense (dd mmm yy)  Amount  Total  Total  1 certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Signature  Date                                                  |                               |                      |                 |                      | _            |
| Business Name (Provider) Location (dd mmm yy) Amount  Total \$ -  I certify that all expenses claimed are correct for the business reason stated above and were incurred in the performance of CAP business.  Date                                                                                  | Expense                       | Detail Section (atta | ch detaile      | d receipts):         |              |
| Total \$ -  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                                                                                                                             | Duraina an Nama (D. 11.)      |                      |                 | <u>-</u>             |              |
| 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                                                                                                                                         | Business Name (Provider)      | Location             |                 | (dd mmm yy)          | Amount       |
| 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                                                                                                                                         |                               |                      |                 |                      | <del> </del> |
| 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                                                                                                                                         |                               |                      |                 |                      |              |
| 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                                                                                                                                         |                               |                      |                 |                      |              |
| Signature Date                                                                                                                                                                                                                                                                                      |                               |                      |                 | Total                | \$ -         |
| Signature Date                                                                                                                                                                                                                                                                                      |                               |                      |                 |                      |              |
|                                                                                                                                                                                                                                                                                                     |                               |                      | usiness rea     | son stated above and | d were       |
| CAP Form 170, April 2012 OPR/ROUTING: FM                                                                                                                                                                                                                                                            | Signature                     | _                    | Date            |                      |              |
| CAP Form 170, April 2012 OPR/ROUTING: FM                                                                                                                                                                                                                                                            |                               |                      |                 |                      |              |
|                                                                                                                                                                                                                                                                                                     | CAP Form 170, April 2012      |                      | OPR/ROUTING: FM |                      |              |