

ENTERTAINMENT REIMBURSEMENT REQUEST

FORM AND RECEIPTS MUST BE SUBMITTED WITHIN 21 DAYS OF EXPENDITURE

Date: _____ Dept: _____ Preparer: _____

PAYEE	UC Employee _____ Student _____ Existing Vendor _____ Other: _____
	Name: _____ Emp/Stu/Ven ID: _____
	E-Mail: _____ Address: _____
	Phone: _____ City/ST/Zip: _____

EVENT PURPOSE	Event Purpose: _____ _____
	Event Date(s): _____
	Event Host: _____ Host must be present at meal
	Event Location: _____
	Meal Type: Attach all receipts showing meal details - maximum per person expenditures include tax, labor, service charge, gratuity
	Breakfast \$26.00 maximum Dinner \$78.00 maximum Alcohol Served Lunch \$45.00 maximum Light Refreshments \$18.00 maximum Yes No

ATTENDEES	Number of Attendees: _____ Total Cost of Meal: _____ Cost per Attendee: _____																																							
	Additional Costs:																																							
	Room Rental _____ Other _____																																							
	Audio/Visual _____ Explain _____																																							
	Attendee List - Attach separate list if more than 10 guests Include Name, Affiliation, Business Relationship with the University																																							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Attendee Name</th> <th style="width: 25%;">Institution</th> <th style="width: 25%;">Affiliation</th> <th style="width: 25%;">Business Relationship</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Attendee Name	Institution	Affiliation	Business Relationship																																			
Attendee Name	Institution	Affiliation	Business Relationship																																					

EXCEPTIONS	Social Activities & Entertainment _____ Spouse/Partner of University Guest or Host Included _____
	Employee Morale Building Activity _____ Dean Attended _____
	Amount Exceeded Per Person Limit _____ Other _____
	University Business Purpose Justifying Exceptional Circumstances _____

COA	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount	Accounting Approval (Dept Specific) _____

HOST CERTIFICATION	I certify that the above is a true statement, that the expenses claimed were incurred by me (if requesting reimbursement) or by my Department for official University business on the date(s) shown, and that the expenses are within the regulations of the University of California.	
	Host Name and Title: _____	
	Host Signature: _____	Date: _____
	Fund PI/PD/Designate Name and Title: _____	
	Fund PI/PD/Designate Signature: _____	Date: _____
	Exceptional Approval Name and Title: _____	
Exceptional Approval Signature: _____	Date: _____	