Berkeley Campus Shared Services

# ENTERTAINMENT REIMBURSEMENT CLAIM FORM

Form and receipts must be submitted within 45 days of expenditure

Date: _____ Preparer: _____ Email: _____ Phone: _____ Dept _____

If we have questions who should we contact? Payee: ☐ Preparer: ☐ Other: ☐ If other than Payee or Preparer, enter infomation below:

Preferred Contact Name: _____ Email: _____ Phone: _____

## PAYEE

Name: _____ UC Employee: ☐ Student: ☐ Existing Vendor: ☐ Other: ☐ Emp/Stu/Ven ID: _____

E-Mail: _____ Phone: _____ Address: _____ Org Node: _____

## EVENT PURPOSE

Event Purpose: _____

Event Date(s): _____ Host: _____ **Host must be present at meal.**

Location(s) _____

Meal Type: ☐ Breakfast $27.00 maximum ☐ Lunch $47.00maximum ☐ Dinner $81.00 maximum ☐ Light Refreshment $19.00 Maximum

Maximum per person expenditures include tax, labor, service charge, gratuity Alcohol Served? Yes ☐ No ☐

## ATTENDEES & COSTS

**Number of Attendees:** _____ **Total Cost of Meal:** _____ **Cost Per Person:** _____

Cost per person include the cost of the food and beverages, labor, sales tax, delivery charges, and other service fees.
The costs of room rental, room setup fees, media rental, decorations, etc., are not included in per person costs unless those costs cannot be separated by the vendor.

**Additional Costs:** Room Rental: _____ Audio Visual: _____ Other: _____ Other: _____ Other: _____

Optional Notes: _____

Attendee List - Attach separate list if more than 10 guests unless impractical due to open nature of event.

| Attendee Name | Institution / Organization | Affiliation/Business Relationship to University |
|---|---|---|
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## EXCEPTIONS

☐ Social Activities & Entertainment ☐ Spouse/Partner of University Guest or Host Included ☐ Amount Exceeded Per Person Limit

☐ Employee Morale Building Activity ☐ Dean Attended ☐ Other: _____

**University Business Purpose Justifying Exceptional Circumstances:** _____

**TOTAL ESTIMATED REIMBURSEMENT: $ 0.00**

## COA

| Account | Fund | Dept | Program | CF 1 | CF 2 | $ Amount |
|---|---|---|---|---|---|---|
| | | | | | | |
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Optional: Chartstring Description: _____

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 _____