

# ENTERTAINMENT REIMBURSEMENT REQUEST

FORM AND RECEIPTS MUST BE SUBMITTED WITHIN 21 DAYS OF EXPENDITURE

Date: \_\_\_\_\_ Dept: \_\_\_\_\_ Preparer: \_\_\_\_\_

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

<b>EVENT PURPOSE</b>	Event Purpose: _____ _____					
	Event Date(s): _____					
	Event Host: _____ <span style="color: red;">Host must be present at meal</span>					
	Event Location: _____					
	Meal Type: <span style="color: red;">Attach all receipts showing meal details - maximum per person expenditures include tax, labor, service charge, gratuity</span> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Breakfast <span style="color: red;">\$27.00 maximum</span></td> <td style="width: 33%;">Dinner <span style="color: red;">\$81.00 maximum</span></td> <td style="width: 33%;">Alcohol Served</td> </tr> <tr> <td>Lunch <span style="color: red;">\$47.00 maximum</span></td> <td>Light Refreshments <span style="color: red;">\$19.00 maximum</span></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Breakfast <span style="color: red;">\$27.00 maximum</span>	Dinner <span style="color: red;">\$81.00 maximum</span>	Alcohol Served	Lunch <span style="color: red;">\$47.00 maximum</span>	Light Refreshments <span style="color: red;">\$19.00 maximum</span>
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<b>ATTENDEES</b>	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 <span style="color: red;">Include Name, Affiliation, Business Relationship with the University</span>																																								
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<b>EXCEPTIONS</b>	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 _____ _____

<b>COA</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Account</th> <th style="width: 12.5%;">Fund</th> <th style="width: 12.5%;">Dept</th> <th style="width: 12.5%;">Program</th> <th style="width: 12.5%;">CF 1</th> <th style="width: 12.5%;">CF 2</th> <th style="width: 12.5%;">\$ Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount																													Accounting Approval (Dept Specific)  _____
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<b>HOST CERTIFICATION</b>	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: _____	