

ENTERTAINMENT EXPENSE REIMBURSEMENT REQUEST FORM

Payee Name: _____ Today's Date: _____

University I.D. _____ Total # of Attendees: _____

Total Amount Requested: \$ _____

Account or Project to Charge: _____

Select Type of Event:

- | | |
|--|---|
| <input type="checkbox"/> Breakfast -- maximum allowed \$27/person
<input type="checkbox"/> Lunch -- maximum allowed \$47/person
<input type="checkbox"/> Dinner -- maximum allowed \$81/person
<input type="checkbox"/> Light Refreshments -- maximum allowed \$19/person | Alcohol Beverages Served?
(If yes, 'unrestricted' funding required)
<input type="checkbox"/> Yes
<input type="checkbox"/> No |
|--|---|

Please state BUSINESS PURPOSE of event:

Include: 1. Name of Dept.; 2. Name of Event; 3. Type of Event (workshop, conference, meeting etc.); 4. Date and Location of event;
 5. Purpose of the event or main agenda topic; 6. University Business justification for this expense; 7. Name of the official host;
 8. Certification of the official host that the expense is for University business (signed below)

Please list NAME & AFFILIATION (business relationship) of EACH attendee:

('business relationship': occupation or other information relating to the person(s) entertained, including name, title, institution, or other designation, sufficient to establish business relationship to the payee and or UCLA):

Name of Attendee and Title (if more than 10 attach a separate sheet)	UCLA					Non-UCLA	Affiliation
	Faculty	Staff	Student	Spouse*	Colleague		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						0 0 0 0 0	Total Attendees:

* Reimbursement for expense of a **SPOUSE** is allowable only if his/her presence serves bona fide business purpose --

****Tape All Receipts To A Sheet Of Paper And Attach To This Form.
 Submit Completed Form With Receipts To The Departmental Office Coordinator.**

 Signature & Date