

# 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 information below:

Preferred Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

PAYEE	Name: _____	E-Mail: _____
	Student: _____ Existing Vendor: _____ Other: _____	Student/Vendor ID: _____ Phone: _____

EVENT PURPOSE	Event Name: _____
	Business Purpose: _____
	Event Date(s): _____ Host: _____ Host must be present at meal.
	Location(s): _____
	Meal Type: Breakfast <b>\$28.00 maximum</b> Lunch <b>\$49.00 maximum</b> Dinner <b>\$85.00 maximum</b> Alcohol Served? Y N Maximum per person expenditures include tax, labor, service charge, gratuity Light Refreshment <b>\$20.00 Maximum</b>

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 6 guests unless impractical due to open nature of event.

Attendee Name	Institution / Organization	Affiliation/Business Relationship to University

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: _____

<b>TOTAL ESTIMATED REIMBURSEMENT:</b>
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COA	Account	Fund	Dept	Function	CF 1	CF 2	\$ Amount	Optional: Chartstring Description:
	XXXXXX							
	XXXXXX							
	XXXXXX							
	XXXXXX							

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/Payee Name and Title: _____	Date: _____
	Host/Payee Signature: _____	Date: _____
	Fund PI/Department Approver Name and Title: _____	Date: _____
	Fund PI/Department Approver Signature: _____	Date: _____
	Exceptional Approval Name and Title: _____	Date: _____