



ENTERTAINMENT EXPENSE REIMBURSEMENT REQUEST FORM

PAYEE NAME: _____
 CONTACT INFO: _____
 RESIDENTIAL ADDRESS: _____
 (FOR NON-UCLA EMPLOYEES ONLY) _____

EVENT DATE: _____
 AMOUNT REQUESTED: _____
 FUND SOURCE: _____

EVENT NAME: _____

Select type of Event (Meal costs are inclusive of food and beverages, labor, sales tax, delivery charges and other service fees)

- Breakfast - maximum allowed \$27/person
- Lunch - maximum allowed \$47/person
- Dinner - maximum allowed \$81/person
- Light Refreshments - maximum allowed \$19/person

Alcoholic Beverages Served?
 (If yes, 'unrestricted' funding required)
 Yes
 No

Please state BUSINESS PURPOSE/JUSTIFICATION of event:

Please provide additional justification if any of the following occurred:

1. Attendees include Spouses/Partners or Deans
2. Exceeded the maximum per person expenditures for meals

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	Donor	Guest Speaker	Spouse		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Please tape all original itemized receipts to a sheet of paper and attach to this form. Don't tape over the print on receipts.

Payee Signature: _____ Today's Date: _____
(Form will not be processed without this signature)

Business Office Use Only	FAU									Fund Manager/Reviewer:
	Loc	Acct	CC	Fund	Project	Sub	Source			

For expenditures for Business Meetings/Entertainment policy, please visit:
 Rates increase effective date: 3/1/2016

<http://policy.ucop.edu/doc/3420364/BFB-BUS-79>