ERSO ENTERTAINMENT REIMBURSEMENT OR VENDOR PAYMENT REQUEST

"Entertainment" means expenditures for meals or light refreshments and related services (e.g., labor charges, room rental, equipment rental, decorations, flowers, and similar expenditures) incurred in connection with events that are primarily social or recreational activities in support of the University's mission. Form and receipts must be submitted within 45 days of expenditure (14-day to submit to Inranet)

PA'	YEE INFO														
Sel	ect One:			Vendor Payment Request					Reimbursement Request (to individual)						
	ree Name: dual or Vendor Nam	ne					-	UCB Employee or Student ID: (if applicable)							
Pay	vee Address	:					=								
Pay	ee Email:														
FVE	ENT INFO						•								
	ENT TYPE		57233	University e	mplovee on	travel statu	s		57006	Visitors, Guests and	l Volun	teers			
	ase select o	ne:	57002 Meals provided to students 57004 Business Mtg Hospitality - Technical 57005 Business Mtg Hospitality - Non-Techn Details on Event Type account codes: https://controller.i						57006 57007	Prospective donors, Employee morale (a	, emplo as an ex	yees, & s xception)			
	ent Business ecific):	Purpose		71											
EVENT LOCATION:			*EVEN	IT DATE:		Number of Attendees:			nount:	Cost Per Person (auto calculate)		Meal Type		Campus Meal Limits	
												Breakfa	ast	\$28.00	
*Fo	r multiple day	or meal eve	ents (on one	ne invoice), use Meal Per Person Cost Calc				culator and submit with request.				Lunch		\$49.00	
Does this Entertainment Request include alcohol?:							S NO					Dinner		\$85.00	
pay	able to a Ver	ndor?		•	event paid by others or YES				NO			Light Refresh	ment	\$20.00	
	ES please pr Il amount:	ovide the Ir	ntranet or B	earBuy requ	est IDs# and										
Atte	endee List														
	ide a guest list co t based on the op							er to	o establish the busir	ness-related relationship to t	he Unive	rsity. If it is in	mpractica	I to list each	
-	Participants							nt)	and list host be	elow to indicate they	were p	resent.			
	Name Occupation/Affiliation							Name Occupation					filiatio	n	
1					Host (must be in attendance)			1				•			
2							12	2							
3															
4							14	4							
5							15	5							
6							16	6							
7							17	7							
8							18	8							
9							19	9							
10							20	0							
Hos	st Certification	on													
	ereby certify the enses are with					penses and th	hat such	n e	ntertainment/ev	ent is relative to officia	al Unive	rsity busin	ess. Th	ese	
Offi	cial Host's Si	gnature*: _				D	ate:			cial Host Name: uto fill from attendee list)					
					ne Approver is	the Host, phys	sical sign	natu	ure on the form is	not required.					
For	Department	tal Use On	ly (optiona	1)											
Aut	horizing Nam	ne & Title (F	Print):	Authorizing Signature:									Date:		
Aut	horizing Nam	ne & Title (F	rint)					Authorizing Signature:					Date:		
Exc	eptional App	roval Name	e & Title:	itle:Exceptional Approval Signature:									Date:	:	
_	Account Fund		Dept ID	Program	CF1	1 CF2		m	ount	Fund Desc.					
O A															