

Date: \_\_\_\_\_ Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYEE INFORMATION** Email: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Payee** \_\_\_\_\_ **ID:** \_\_\_\_\_ Email: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

**EVENT INFORMATION**

**Dept Ledger Description:** \_\_\_\_\_

**Business Purpose:** \_\_\_\_\_

**Event #1:**

**Type:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Meal:** \_\_\_\_\_

Alcohol Served?

**Exceptional Entertainment (check all that apply):**

Spouses/Partners in Attendance?  Employee Morale-Building Activity?

Meal Over Campus Per Person Limit?  (attach the Dean approval letter from the Dept. Chair authorizing exceptional expense approval)

**Please explain any exceptional circumstances and the University business purpose for circumstances checked:**

\_\_\_\_\_

**Additional Costs (non food/beverage/labor/gratuity and NOT included in per person meal calculation):**

# Attendees	Total Meal Expense	Cost/Person

**Explain if Other or Add Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_

**Total Event #1 Expenses:**

#	Attendee	Title/Affiliation	Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**BFS CHARTSTRING DISTRIBUTION**

BU	ACCOUNT	FUND	DEPT	PGM	CHARTFIELD1	CHARTFIELD2	AMT TO BE PAID	Total Entertainment Expense to be Reimbursed
								Assigned: Remaining:

"I hereby certify that the above is a true statement of expenses incurred by me, within the regulations of the University of California and that such entertainment/administrative event was relative to official University business."

Host: \_\_\_\_\_ Date: \_\_\_\_\_ Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title:

Name and Title:

**Exceptional Approval Signature (if required):**

Department Head/Executive: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Event #2 Type:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Meal:** \_\_\_\_\_

Alcohol Served?

**Exceptional Entertainment**(check all that apply):

Spouses/Partners in Attendance?  Employee Morale-Building Activity?

Meal Over Campus Per Person Limit?  (attach the Dean approval letter from the Dept. Chair authorizing exceptional expense approval)

**Please explain any exceptional circumstances and the University business purpose for circumstances checked:**

**Additional Costs (non food/beverage/labor/gratuity and NOT included in per person meal calculation):**

**Explain if Other or Add Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Attendees	Total Meal Expense	Cost/Person

**Total Event #2 Expenses:**

#	Attendee	Title/Affiliation	Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Event #3 Type:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Meal:** \_\_\_\_\_

Alcohol Served?

**Exceptional Entertainment**(check all that apply):

Spouses/Partners in Attendance?  Employee Morale-Building Activity?

Meal Over Campus Per Person Limit?  (attach the Dean approval letter from the Dept. Chair authorizing exceptional expense approval)

**Please explain any exceptional circumstances and the University business purpose for circumstances checked:**

**Additional Costs (non food/beverage/labor/gratuity and NOT included in per person meal calculation):**

**Explain if Other or Add Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Attendees	Total Meal Expense	Cost/Person

**Total Event #3 Expenses:**

#	Attendee	Title/Affiliation	Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Event #4 Type:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Meal:** \_\_\_\_\_

Alcohol Served?

**Exceptional Entertainment**(check all that apply):

Spouses/Partners in Attendance?  Employee Morale-Building Activity?

Meal Over Campus Per Person Limit?  (attach the Dean approval letter from the Dept. Chair authorizing exceptional expense approval)

**Please explain any exceptional circumstances and the University business purpose for circumstances checked:**

**Additional Costs (non food/beverage/labor/gratuity and NOT included in per person meal calculation):**

**Explain if Other or Add Comments:**

\_\_\_\_\_

\_\_\_\_\_

# Attendees	Total Meal Expense	Cost/Person

**Total Event #4 Expenses:**

#	Attendee	Title/Affiliation	Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Event #5 Type:** \_\_\_\_\_ **Remarks:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Meal:** \_\_\_\_\_

Alcohol Served?

**Exceptional Entertainment**(check all that apply):

Spouses/Partners in Attendance?  Employee Morale-Building Activity?

Meal Over Campus Per Person Limit?  (attach the Dean approval letter from the Dept. Chair authorizing exceptional expense approval)

**Please explain any exceptional circumstances and the University business purpose for circumstances checked:**

**Additional Costs (non food/beverage/labor/gratuity and NOT included in per person meal calculation):**

**Explain if Other or Add Comments:**

\_\_\_\_\_

\_\_\_\_\_

# Attendees	Total Meal Expense	Cost/Person

**Total Event #5 Expenses:**

#	Attendee	Title/Affiliation	Business Relationship
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			