Berkeley CNR

# Single Entertainment Reimbursement Request

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:**

**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 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: