

University of California, Berkeley  
Entertainment or Event Authorization and Documentation

The following information is **required** for documenting entertainment expense requisitions and expenses charged to a **US Bank Event Planning Card (EPC)** in compliance with UCB EPC guidelines. Approving authorities and allowability of expenditures can be found in UCOP policy Nos. BUS-79 and BUS-43, Part 8.

**SELECT PAYMENT METHOD:****PREPARER'S INFORMATION**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_

**EVENT INFORMATION**

BearBuy Item Description: \_\_\_\_\_

Description  
of  
Event:Business  
Purpose  
of Event:**MEAL EXPENSE #1 INFORMATION** Attach a guest list for each meal expense

Event Date: \_\_\_\_\_ Meal Type: \_\_\_\_\_ Alcohol Served? ☐ Yes ☐ No Type of Event: \_\_\_\_\_

Vendor to be Paid	Comments	Reference No.	AMT IN per person Calc	AMT NOT in per person	TOTAL
Other Expenses Included in Per Person Calc	Comments	AMT IN per person Calc	Meal Expense #1 TOTAL		

Campus Per Person Limits			
	100%	150%	200%
Light Refreshments	\$18	\$27	\$36
Breakfast	\$26	\$39	\$52
Lunch	\$45	\$67.5	\$90
Dinner	\$78	\$117	\$156

Explain If Other Type of Event: \_\_\_\_\_ **Exceptional Entertainment Requiring Approval** (check all that apply):

Spouses/Partners in Attendance ☐ Employee Morale-Building Activity ☐ Meal Over Campus Per Person Limit ☐  
Other ☐

University Business Purpose for Exception:

Explain OTHER Exceptional Expense:

Total Event Vendor Expenses		
Amount Assigned to a Chartstring (PREV PAID + TO BE PAID:		
Amount Unassigned to a Chartstring:		

**BFS CHARTSTRING DISTRIBUTION**

BU	ACCOUNT	FUND	DEPT	PGM	CHARTFIELD1	CHARTFIELD2	VENDOR	TOTAL (Autocalc Prev Paid + To Be Paid)	AMT PREVIOUSLY PAID	AMT REQUESTED TO BE PAID
EVENT TOTALS										

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

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

Name and Title: \_\_\_\_\_

Cardholder (if not Host)/ Event Card: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

University of California, Berkeley  
Entertainment or Event Authorization and DocumentationDate: \_\_\_\_\_ Dept Ledger Description: \_\_\_\_\_  
**MEAL EXPENSE #2 INFORMATION** Attach a guest list for each meal expense

Event Date: _____ Meal Type: _____		Alcohol Served? <input type="radio"/> Yes <input type="radio"/> No	Type of Event: _____		
Vendor to be Paid	Comments	Reference No.	AMT IN per person Calc	AMT NOT in per person Calc	TOTAL
Other Expenses Included in Per Person Calc	Comments	AMT IN per person Calc	<b>Meal Expense #2 TOTAL</b>		
			<b>Campus Per Person Limits</b>		
			Light Refreshments 100% 150% 200%		
			Breakfast \$18 \$27 \$36		
			Lunch \$26 \$39 \$52		
			Dinner \$45 \$67.5 \$90		
			Dinner \$78 \$117 \$156		
Explain If Other Type of Event:		<b>Exceptional Entertainment Requiring Approval</b> (check all that apply):			
		Spouses/Partners in Attendance <input type="checkbox"/>		Employee Morale- <input type="checkbox"/>	
		Building Activity <input type="checkbox"/>		Meal Over Campus <input type="checkbox"/>	
		Per Person Limit <input type="checkbox"/>			
		Other <input type="checkbox"/>			
University Business Purpose for Exception:		Explain OTHER Exceptional Expense:			

**MEAL EXPENSE #3 INFORMATION** Attach a guest list for each meal expense

Event Date: _____ Meal Type: _____		Alcohol Served? <input type="radio"/> Yes <input type="radio"/> No	Type of Event: _____		
Vendor to be Paid	Comments	Reference No.	AMT IN per person Calc	AMT NOT in per person Calc	TOTAL
Other Expenses Included in Per Person Calc	Comments	AMT IN per person Calc	<b>Meal Expense #3 TOTAL</b>		
			<b>Campus Per Person Limits</b>		
			Light Refreshments 100% 150% 200%		
			Breakfast \$18 \$27 \$36		
			Lunch \$26 \$39 \$52		
			Dinner \$45 \$67.5 \$90		
			Dinner \$78 \$117 \$156		
Explain If Other Type of Event:		<b>Exceptional Entertainment Requiring Approval</b> (check all that apply):			
		Spouses/Partners in Attendance <input type="checkbox"/>		Employee Morale- <input type="checkbox"/>	
		Building Activity <input type="checkbox"/>		Meal Over Campus <input type="checkbox"/>	
		Per Person Limit <input type="checkbox"/>			
		Other <input type="checkbox"/>			
University Business Purpose for Exception:		Explain OTHER Exceptional Expense:			

**MEAL EXPENSE #4 INFORMATION**

Event Date: _____ Meal Type: _____		Alcohol Served? <input type="radio"/> Yes <input type="radio"/> No	Type of Event: _____		
Vendor to be Paid	Comments	Reference No.	AMT IN per person Calc	AMT NOT in per person Calc	TOTAL
Other Expenses Included in Per Person Calc	Comments	AMT IN per person Calc	<b>Meal Expense #4 TOTAL</b>		
			<b>Campus Per Person Limits</b>		
			Light Refreshments 100% 150% 200%		
			Breakfast \$18 \$27 \$36		
			Lunch \$26 \$39 \$52		
			Dinner \$45 \$67.5 \$90		
			Dinner \$78 \$117 \$156		
Explain If Other Type of Event:		<b>Exceptional Entertainment Requiring Approval</b> (check all that apply):			
		Spouses/Partners in Attendance <input type="checkbox"/>		Employee Morale- <input type="checkbox"/>	
		Building Activity <input type="checkbox"/>		Meal Over Campus <input type="checkbox"/>	
		Per Person Limit <input type="checkbox"/>			
		Other <input type="checkbox"/>			
University Business Purpose for Exception:		Explain OTHER Exceptional Expense:			