

Entertainment Check Request for Reimbursement

Original receipts are required, photocopies will not be accepted.

Check Payable To: _____

Home Address : _____
(for check mailing) _____

Daytime Phone #: _____

UC Employee?: Yes No Employee ID #: _____

UC Student?: Yes No Student ID #: _____

California Resident?: Yes No Social Security #: _____

Type of Event: Breakfast Lunch Dinner Light Refreshments
 Buffet Reception

Type of Entertainment: Studio Reviews Dinner with Lecturer Reception
 Faculty/Staff/Student Meeting/Retreat Meeting of Learned Society or Organization Prospective Appointee to a Professional or Administrative Position

Number of Participants: _____ Date of Event: _____

Please attach a guest list which should include the name, title, and occupation (or group/organization) of each guest. If a guest list is not provided (e.g. large group of participants), then a memo describing the following should be attached: 1. The number of people you catered for; 2. An explanation of why it was very difficult to provide such a list; 3. A general description of the groups of people invited (i.e., business relationship to the University and link it to the business purpose of the event)

Name of Official Host: _____

Nature of Occasion: _____

Project Title: _____

BFS Chart String or Speedtype: _____

Total Amount: \$ _____

Authorized Signature: _____ Date: _____

Name (Printed): _____