Berkeley Campus Shared Services

ENTERTAINMENT REIMBURSEMENT CLAIM FORM

Form and receipts must be submitted within 45 days of expenditure

Date: Preparer: Email: Phone: Dept

If we have questions who should we contact?   Payee: Preparer: Other: If other than Payee or Preparer, enter infomation below:

Preferred Contact Name: Email: Phone:

PAYEE

Name: UC Employee: Student: Existing Vendor: Other: Emp/Stu/Ven ID:

E-Mail: Phone: Address: Org Node:

EVENT PURPOSE

Event Purpose:

Event Date(s):   Host: **Host must be present at meal.**

Location(s)

Meal Type: Breakfast $27.00 maximum   Lunch $47.00maximum   Dinner $81.00 maximum   Light Refreshment $19.00 Maximum

Maximum per person expenditures include tax, labor, service charge, gratuity   Alcohol Served?   Yes   No

ATTENDEES & COSTS

Number of Attendees: **Total Cost of Meal:**   **Cost Per Person:**

Cost per person include the cost of the food and beverages, labor, sales tax, delivery charges, and other service fees.
The costs of room rental, room setup fees, media rental, decorations, etc., are not included in per person costs unless those costs cannot be separated by the vendor.

Additional Costs: Room Rental: Audio Visual: Other: Other: Other:

Optional Notes:

Attendee List - Attach separate list if more than 10 guests unless impractical due to open nature of event.

Attendee Name	Institution / Organization	Affiliation/Business Relationship to University

EXCEPTIONS

Social Activities & Entertainment   Spouse/Partner of University Guest or Host Included   Amount Exceeded Per Person Limit

Employee Morale Building Activity   Dean Attended   Other:

University Business Purpose Justifying Exceptional Circumstances:

TOTAL ESTIMATED REIMBURSEMENT:

COA

Account	Fund	Dept	Program	CF 1	CF 2	$ Amount

Optional: Chartstring Description:

Accounting Approval (Dept Specific)

HOST CERTIFICATION

I certify that the above is a true statement, that the expenses claimed were incurred by me (if requesting reimbursement) or by my Department for official University business on the date(s) shown, and that the expenses are within the regulations of the University of California.

Host/Payee Name and Title:

Host/Payee Signature: Date:

Fund PI/PD/Designate Name and Title:

Fund PI/PD/Designate Signature: Date:

Exceptional Approval Name and Title:

Exceptional Approval Signature: Date