

ME - ENTERTAINMENT REQUEST FORM

Please complete the following:

Name (Host) _____ Date: _____

UC Employee: Yes ___ No ___ Phone Ext.: _____ Email: _____

Account # or Budget Name to be charged: _____

Reimburse me by: *Check* * ___ Direct Deposit ___

* *Check Mailing address:* _____

1. Type of Expense:

_____ Breakfast _____ Light Refreshments
_____ Lunch _____ Exceptional
_____ Dinner

2. Allowable expenses:

_____ Visitors, Guests, and volunteers _____ Meals provided to students
_____ Meetings of a Learned Society or Org. _____ Receptions
_____ Business meeting hospitality _____ Current/Prospective Univ. donor

3. Number of participants _____.

List Name, Title, and occupation or group affiliation relevant to business-related purpose:
(or attach a list)

4. Date & Location of event: _____

5. Business-related Nature of the occasion or Purpose of the event:

6. JUSTIFICATION of above exceptional expenditures, or why exceeding Appendix A limits was unavoidable and necessary:

Authorized Approval (Please sign and print name)