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)