

ERI
Business Meeting and Entertainment
Reimbursement Form

Submit completed form along with all original receipts

Name: _____

Date of Event: _____

UC Employee: (circle one) Yes No

Event Location: _____

Address: _____

Event Host: _____

Type of Expense: __ Breakfast __ Lunch

__ Dinner __ Light Refreshments

Email: _____

__ Other _____

Account to be charged: _____

Business related purpose of event: (Check one)

Business Meeting

Hospitality for a visiting speaker, dignitary, or honored guest

Programmatic Activities

Other: _____

Please attach an Invite, Flyer, or Agenda related to this event

Guests: List Name, Title, Occupation or Group Affiliation relevant to business purpose. (Or attach list)

Total amount to be paid: _____

Notes: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown and that I have attached original receipts.

Authorizing Signature:

Date

Signature

Print name and title

Maximum Per Person Expenditure:
Breakfast \$26, Lunch \$45, Dinner \$78, Light Refreshments \$18