



ENTERTAINMENT REIMBURSEMENT REQUEST

(Attach event flyer or printed web page advertising the event)

Date of Request: _____

Payee Name: _____

Payee Address: _____

Payee Phone Number: _____

Event Date/Location: _____

Speaker: _____

Event Type: _____

Amount Requested: _____

Maximum amount per person, by meal: Breakfast: \$31, Lunch: \$54, Dinner: \$94, Light refreshments: \$22.

*List of participant names and UCSB titles & affiliations:
Attach list of attendees if over 10 participants*

Number of Participants _____

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Academic (UCSB Business) Related Nature of the occasion or purpose of event:

REIMBURSEE: I was present and certify that these entertainment/hospitality expenses were incurred for an official University business purpose.

SIGNATURE

DATE