PASC – UCSB
Business Meeting and Entertainment
Reimbursement Form
Submit completed form along with all original receipts

Payee Name: ___________________________________________  Date of Event: __________________________

Email: ___________________________________________  Event Location: __________________________

UC Employee: □ Yes □ No  Event Host: __________________________

Mailing Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Type of Expense □ Breakfast □ Lunch
□ Dinner □ Light Refreshment

Account to be charged: ___________________________________________

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

Business related purpose of the event: Select One

□ Hospitality for a visiting speaker, honored guest or prospective donors
□ Business Meeting of employees to conduct official University business
□ Social expenses (welcome reception for incoming students, year-end reception)
□ Recruitment expenses for faculty and graduate students
□ Other: ___________________________________________

Number of Participants: __________________________

List Name/s, Title, Occupation or Group Affiliation relevant to business purpose. (Or attach list)
Meals provided to a spouse, domestic partner, or other partner is an exception and requires additional approval
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments: ___________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I certify that the above is a true statement and that these expenses were incurred by me for an official University business purpose.

SIGNATURE __________________________ DATE __________________________

________________________________________________  __________________________________________________
Signature Date  Print name and title

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