

PASC – UCSB Business Meeting and Entertainment Reimbursement Form

Submit completed form along with all original receipts

Payee Name:	Date	Date of Event:	
Email:	Event Location:		
UC Employee: Yes No	Event H	Event Host:	
Mailing Address:	Type of Expense:	Breakfast Lunch Dinner Light Refreshments	
	Amount ex	expected: \$	
Account to be charged:			
Please attach an Invite, Flyer, or Agenda related to	this event		
Business related purpose of the event: Select Or Hospitality for a visiting speaker, honored guest Business Meeting of employees to conduct offic Social expenses (welcome reception for incomic Recruitment expenses for faculty and graduate Other: Business Purpose Description: Number of Participants: List Name/s, Title, Occupation or Group Affiliation *Meals provided to a spouse, domestic partner, or	t or prospective donors cial University business ng students, year-end rece students	ırpose. (Or attach list)	
Comments			
Comments:			
I certify that the above is a true statement and that these expenses	were incurred by me for an official	ial University business purpose.	
Signature Date		Print name and title	

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

*Please note that in order to process expenses and per the Accounting Department guidelines, receipts turned in must be itemized.

Receipts that are not itemized may cause a reimbursement to be denied.