

## PASC – UCSB Business Meeting and Entertainment Reimbursement Form

Submit completed form along with all original receipts

| Payee Name:  |   |
|--|---|
| Email:   | Event Location:   |
| UC Employee: Yes No  | Event Host:   |
| Mailing Address:   | Type of Expense: Breakfast Lunch Dinner Light Refreshments                              |
|  | Amount expected: \$   |
| Account to be charged:   |   |
| Please attach an Invite, Flyer, or Agenda related to                       | this event  |
| Number of Participants:List Name/s, Title, Occupation or Group Affiliation | or prospective donors ial University business ng students, year-end reception) students |
|  |   |
|  |   |
|  |   |
| Comments:  |   |
| I certify that the above is a true statement and that these expenses v     | were incurred by me for an official University business purpose.                        |
| Signature Date   | Print name and title  |

Maximum Per Person Expenditure: Breakfast \$27, Lunch \$47, Dinner \$81, Light Refreshments \$19

\*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.