

Form and receipts must be submitted within 60 days of expenditure

Date: 4/23/15

Preparer: Elizabeth LaVarge-Baptista Dept: **ISSA**

If we have questions who should we contact? Payee Preparer Other

Preferred Contact Name: **E. Lavarge Baptista**
(If Payee, fill section below)

Email: **issabus@berkeley.edu**

Phone: **643-2542**

UC Employee Student Existing Vendor Other: _____

Name: **YOUR NAME** Emp/Stu/Ven ID: _____

E-Mail: **YOUR @berkeley.edu EMAIL** Address: **LEAVE BLANK**

Phone: **leave blank** City/ST/Zip: **LEAVE BLANK**

Event Purpose: **MUST INCLUDE BUSINESS REASON: Ex. Dinner with guest speaker following lecture to continue discussion.**
Ex. Lunch with colleague to discuss research.
Ex. Food for reception, approx 25 guests. Open to the public, no guest list provided.

Event Date(s): **6/16/2015**

Event Host: _____ **Host must be present at meal**

Event Location: _____

Meal Type: **Attach all receipts showing meal details - maximum per person expenditures include tax, labor, service charge, gratuity**

Breakfast **\$26.00 maximum** Dinner **\$78.00 maximum** Alcohol Served Yes No

Lunch **\$45.00 maximum** Light Refreshments **\$18.00 maximum** Yes No

Number of Attendees: _____ Total Cost of Meal: _____ Cost per Attendee: _____

Additional Costs:
 Room Rental _____ Other _____
 Audio/Visual _____ Explain _____

Attendee List - Attach separate list if more than 10 guests **Include Name, Affiliation, Business Relationship with the University**

Attendee Name	Institution	Affiliation	Business Relationship
If 10 or fewer attendees, complete this section.			
If more than 20 people, leave blank.			
If event is open to the public, leave blank.			
If 10-20 guests, attach a separate guest list.			

For event supplies (name tags, program printing, paper goods, etc) a separate General Reimbursement Form is required.

Social Activities & Entertainment Spouse/Partner of University Guest or Host Included

Employee Morale Building Activity Dean Attended

Amount Exceeded Per Person Limit Other _____

University Business Purpose Justifying Exceptional Circumstances

If you check any of the above boxes, INCLUDE A WRITTEN EXPLANATION.

Account	Fund	Dept	Program	CF 1	CF 2	\$ Amount	Optional: Chartstring Description:
							Funding source, if known.
							Accounting Approval (Dept Specific)

I certify that the above is a true statement, that the expenses claimed were incurred by me (if requesting reimbursement) or by my Department for official University business on the date(s) shown, and that the expenses are within the regulations of the University of California.

Host Name and Title: **YOUR NAME**

Host Signature: _____ Date: _____

Fund PI/PD/Designate Name and Title: **YOUR DEPARTMENT CHAIR**

Fund PI/PD/Designate Signature: _____ Date: _____

Exceptional Approval Name and Title: _____ Date: _____

Exceptional Approval Signature: _____ Date: _____