

College of Letters & Science

*Academic Advising * Honors Program * UCDC & UC Sacramento Program* TSC * UMP * CITRAL* URCA*

Entertainment Reimbursement Form

DO NOT USE THIS FORM FOR MEAL EXPENSE INCURRED WHILE ON TRAVEL STATUS

Date: _____ Program/Account to Charge: _____ Total Amount: \$ _____

Payable To: _____
CHOOSE ONE: Direct Deposit Corporate Card Check
Vendor(s): _____

Name of Event: _____ Date of Event:
Time and Location of Event: _____
Purpose of Event: _____
of Participants: _____ Breakfast Lunch Dinner Other: _____
Please **provide or attach a list of participants**, titles, and affiliations to UCSB;
they may include but not limited to: Sign-in sheets, Roster of Participants, or Attendance List.
Provide or Attach: flyer, invitation, advertisement, announcement or any supporting documentation of event.

Description of Items Purchased: _____

I, certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.
Signature: _____ (Person incurring expense) Signature: _____ Account Approver

Please attach all original receipts OR invoices