

ISBER - UCSB
Business Meeting and Entertainment
Reimbursement Form

Submit completed form along with all original receipts

Name: _____

Date of Event: _____

Contact number: _____

Event Location: _____

UC Employee: Yes No

Event Host: _____

Address: _____

Type of Expense: Breakfast Lunch
 Dinner Light Refreshment
 Other: _____

Email: _____

Account to be charged: _____

Business related purpose of the event: Select One

- Host to Official Guests, Recruitment
- Student-Oriented Meetings
- Meetings of an Administrative Nature
- Receptions
- Other: _____

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

Guests: List Name, Title, Occupation or Group Affiliation relevant to business purpose. (Or attach list)

Notes: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the date shown, and that I have attached original receipts

AUTHORIZING SIGNATURE

DATE

Signature

Date

Print name and title

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