

Entertainment Payment Request

ENTERTAINMENT INFORMATION CAN BE FOUND AT THE FOLLOWING ADDRESS: <http://controller.berkeley.edu/entertainment>

Type: (Check one) Vendor Payment Request Reimbursement Request

Reimbursement Request:
 Did you pay for the entertainment expenses for this event? Yes No

If yes, please provide UCB Employee ID or Student ID# for the individual to be reimbursed.
 UCB Employee or Student Name : _____ UCB Employee or Student ID # : _____

Vendor Payment Request:
 If no, please provide Vendor contact information for direct payment.
 Name: _____
 Address: _____

 Contact Number: _____

Does this Entertainment Request include alcohol? : Yes No Does the Fund Provided Allow Alcohol? : Yes No

TYPE: (Acct.Code)				
Check one	<i>Entertainment related</i>			
	57233	University employee on travel status		
	57002	Meals Provided to Students		
	57006	Prospective donors, employees and student appointees		
	57006	Visitors, guests and volunteers		
	57006	Spouse/partner of a Univ Guest or Univ Host (as an exception)		
	57351	Cash Contrib.. Incl in a fundraiser fee (as an exception)		
	57004/57005	Business meeting hospitality (non routine meeting): Tech meeting 57004, non-tech 57005		
	57007	Employee morale building activities (as an exception)		
Type: (check one)	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i>Light Refreshments</i>
Campus Per Person Limits *	\$26	\$45	\$78	\$18

* If total exceeds limit the Exceptional Entertainment Form is also needed

Descriptive Business Purpose:

List Participants: _____ or Open Invitation (attach announcement)

1.	8.
2.	9.
3.	10.
4.	11.
5.	12.
6.	13.
7.	14.

No. of participants: _____ Date of event: _____ Total Amount \$ _____

I certify that the above is a true statement, that the expenses claimed were incurred by me or the payee on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy.

Official Host's Name: _____
Print

Host's Signature: _____ Date _____
(Host must be present) Signature

For Departmental Use Only

Fund Description:

MSO: _____	_____	Date: _____
Print	Signature	
Chair: _____	_____	Date: _____
Print	Signature	
Dean: _____	_____	Date: _____
Print	Signature	
ECVP: _____	_____	Date: _____
Print	Signature	