



ENTERTAINMENT EXPENSE REIMBURSEMENT REQUEST FORM

Name:

Amount Requested: \$

Email Address:

Today's Date:

Event Date:

Total # Attendees:

Funding Source:

- Breakfast - \$27 max. per person
- Lunch - \$47 max. per person
- Dinner - \$81 max. per person
- Light Refreshments - \$19 max. per person

Alcoholic Beverages Served?

- Yes
- No

* Maximum allowable amount per person includes tips and taxes.

Please state the BUSINESS PURPOSE of event:

Please list NAME & AFFILIATION (business relationship) of EACH attendee:

Name of Attendee and Title (if more than 10, please attach a separate sheet)	UCLA				Non-UCLA Affiliation
	Faculty	Staff	Student	Colleague	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Signature Required