

ENTERTAINMENT REIMBURSEMENT REQUEST FORM

Name: _____ University ID Number: _____
 Email Address: _____ Event Date: _____
 Funding Source if known: _____ Event Location: _____
 Mailing Address: _____

Purpose of the Event (enter a detailed description of what, when, where, and why it was hosted; attach a flyer):

Meal Type

- | | | |
|---|--|---|
| <input type="checkbox"/> Breakfast
\$27 max per person | <input type="checkbox"/> Dinner
\$81 max per person | Alcohol Beverage Served?
Yes No |
| <input type="checkbox"/> Lunch
\$47 max per person | <input type="checkbox"/> Light Refreshments
\$19 max per person | |

Attendees & Costs

- Cost per person includes the cost of the food and beverages, labor, sales tax, delivery charges, and other service fees.
- The costs of room rental, room setup fees, media rental, decorations, etc., are not included in the per-person costs.
- Attach original itemized receipts or invoices.

Number of Attendees: _____
 Total Cost of Meal: _____
 Cost Per Person: _____

Attendee List – Attach a [separate list](#) if more than 10 guests

Attendee Name	Faculty Staff Student Colleague				Non-UCLA Affiliation
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

TOTAL COST: _____

I certify that the information on this form is accurate to the best of my knowledge, and that I will not claim reimbursement from any other source for these expenses.

Requester Signature: _____ Date: _____

PLEASE ATTACH LOOSE RECEIPTS IN CHRONOLOGICAL ORDER TO 8 ½" X 11" PIECE OF PAPER WITH TAPE – DO **NOT** STAPLE. FORM AND RECEIPT MUST BE SUBMITTED WITHIN 45 DAYS OF EXPENDITURE PER UCLA EXPENDITURES FOR ENTERTAINMENT POLICY.