

Bren School Business Meeting and Entertainment Reimbursement Form

Submit completed form along with all original receipts

Name: _____ **Date:** _____

UC Employee: Yes No **Event Location :** _____

Address: _____ **Event Host:** _____

Type of Expense: Breakfast Lunch
 Dinner Light Refreshment
 Other _____

Email: _____

Account to be charged: _____ **Amount to be paid:** _____

Business related details of purchase:

- Recruitment of faculty, student or staff for an open position in the Bren School
- Hospitality for a visiting speaker, dignitary or honored guest
- Development meeting for cultivation or stewardship
- Other: _____

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

Guest: 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 | |
| _____ | _____ |
| Signature | Date |

| | |
|-----------------------|-------|
| AUTHORIZING SIGNATURE | DATE |
| _____ | _____ |
| Print name and title | |

Maximum Per Person Expenditure
Breakfast \$27, Lunch \$45, Dinner \$81, Light Refreshments \$19