Business/Entertainment Reimbursement Request Form
(Complete all fields below and attach itemized receipts)

Today's Date:	Payee Net ID/Vendor#:
PI Name:	Payee/Vendor Name:
BC: KFS#	Host Name:
Event Date:	Event/Title:
Event on Campus: ☐ Yes ☐ No	Phone Number:
Was Alcohol Served: ☐ Yes ☐ No If yes, attach alchohol permit	Meal Type: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Light Refreshments

Please note alcohol cannot be charged on to state funds.
Any meal overages will require Exceptional Approval (please attach memo for exception).

Amount Total:	

Explain the business purpose of the event in detail (attach agenda)
Why did the event occur during a mealtime (breakfast, lunch or dinner)?

If charged to a grant, how does this event benefit the project?

Number of Attendees and Affilation to UCI/Event: List of Attendees (or attach separate list):

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

Host Certification:
I certify that this is a true statement of entertainment/meeting expenses incurred for official University business in accordance with the University Business 79 Policy on Entertainment. This form must be signed by the official host and included with expense documentation sent to scanning along with a printed coversheet.

Entertainment Host(s) Signature Date

PI Signature Date