

UCLA Linguistics - Entertainment Expense Reimbursement Request Form

PAYEE NAME: _____

UID: _____

E-MAIL: _____

EVENT DATE: _____

RESIDENTIAL ADDRESS: _____

AMOUNT REQUESTED: _____

(FOR NON-UCLA EMPLOYEES ONLY)

EVENT NAME: _____

Select type of Event (Meal costs are inclusive of food and beverages, labor, sales tax, delivery charges and other service fees)

- Breakfast - maximum allowed \$27/person
- Lunch - maximum allowed \$47/person
- Dinner - maximum allowed \$81/person
- Light Refreshments - maximum allowed \$19/person

Alcoholic Beverages Served?
(If yes, 'unrestricted' funding required)

Yes
 No

Please state **BUSINESS PURPOSE/JUSTIFICATION** of event:

Please provide additional justification if any of the following occurred:

1. Attendees include Spouses/Partners or Deans
2. Exceeded the maximum per person expenditures for meals

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

Name of Attendee and Title (if more than 10, attach a separate sheet)		UCLA				Non-UCLA			Affiliation
		Faculty	Staff	Student	Donor	Guest Speaker	Spouse		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Please tape all original itemized receipts to a sheet of paper and attach to this form. Don't tape over the print on receipts.

Date submitted: _____