

# Entertainment Reimbursement

Name \_\_\_\_\_ UCLA ID \_\_\_\_\_

Type of Expense:  Breakfast  Lunch  Dinner  Light Refreshment

Type of Event and Detailed Purpose:

Total \_\_\_\_\_ Location of Event \_\_\_\_\_

Event Host \_\_\_\_\_ Date of Event \_\_\_\_\_ Number of Attendees \_\_\_\_\_

Required Documents:

- An original receipt (Lack of an original itemized receipt requires an explanatory letter of exception)
- A guest list containing the 1) full name, 2) title/occupation, and 3) department/affiliation of each guest.

# Miscellaneous Expense Reimbursement

Description	Price
<b>Total</b>	

Required Documents:

- An original receipt (Lack of an original itemized receipt requires an explanatory letter of exception)

Account	CC	Fund	Sub	Project	Object	Amount

Principal Investigator Approval \_\_\_\_\_ Date \_\_\_\_\_

Send to \_\_\_\_\_ upon completion

**For Office Use**

Fund Manager Approval \_\_\_\_\_ Date \_\_\_\_\_