

Environmental Health Sciences Entertainment Reimbursement Form

Please tape original itemized receipts showing amount paid and method of payment on one side of 8.5 x 11 sheet of paper.

	Reimbursement Total
Today's Date : _____ Payable To: _____	
Email: _____ Employee ID#: _____	
If you are not a UCLA Employee, please provide your home address:	

Meal Type (check only one)

Breakfast \$27max/person
 Lunch \$47max/person
 Dinner \$81max/person
 Light Refreshments \$19max/person

Event Purpose (include date, name of host, event location and business justification)

Attendee List (if more than 10 please attach a separate list)

Name	Title	Company	Affiliation
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

Exceptions

Amount exceeds per person limit
 Spouse included
 Alcohol
 Dean Attended

University Business Purpose Justifying Exceptional Circumstances:

Account to Charge & Certification

I certify that the expenses claimed were incurred by payee on official university business

Payee Signature	Date	Principal Investigator Signature	Date

Fund to be Charged: _____

Business Office Use Only

FAU #1: _____	Amount/Percent: _____
FAU #2: _____	Amount/Percent: _____

Fund Manager Approval	Date