

Entertainment Reimbursement

Payee: _____ Host: _____

Payee Mailing Address: _____

Event Date(s): _____ Name of Event: _____

Event Location(s): _____

Purpose of Event: _____

of Attendees: _____ Breakfast Lunch Dinner Refreshments

****Attach a list of Attendees and include their Affiliation (UCSB or non-UCSB)**

*Project Code	*Amount	*Supplier	*Items purchased
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

I was present and certify these entertainment/hospitality expenses were incurred for an official University business purpose.

Host's Signature: _____