ISBER

Business Meeting and Entertainment Reimbursement Form

Name _____

Contact Number _____

Email Address _____

Mailing Address _____

UCSB Employee? ◯ Yes ◯ No

Event Details

Date _____

Location _____

Host _____

Type of Expense

☐ Breakfast ☐ Lunch ☐ Dinner ☐ Light Refreshment ☐ Other: _____

Business Related Purpose of the Event (select one)

◯ Host to Official Guests, Recruitment
◯ Student-Oriented Meetings
◯ Meetings of an Administrative Nature
◯ Receptions
◯ Other _____

Account to be Charged _____ Amount Requesting _____

SUBMIT COMPLETED FORM ALONG WITH ALL **ORIGINAL RECEIPTS**

Please attach an Invite, Flyer, or Agenda related to this event

Guests: List Name, Title, Occupation or Group Affiliation relevant to business purpose (or attach a list)

Notes:

OFFICIAL HOST: I was present and certify these entertainment/hospitality expenses were incurred by me for an official University business purpose on the date shown, and that I have attached original receipts.

AUTHORIZING SIGNATURE DATE

Signature Date Print name and title

Maximum Per Person Expenditure:
Breakfast $27, Lunch $47, Dinner $81, Light Refreshments $19