

ISBER - UCSB
Business Meeting and Entertainment
Reimbursement Form

Submit completed form along with all original receipts

Name: _____

Date of Event: _____

Contact number: _____

Event Location: _____

UC Employee: Yes No

Event Host: _____

Address: _____

Type of Expense: Breakfast Lunch
 Dinner Light Refreshment
 Other: _____

Email: _____

Account to be charged: _____

Business related purpose of the event: Select One

- Recruitment of faculty, student or staff for an open position in the ISBER School
- Hospitality for a visiting speaker, dignitary or honored guest
- Development meeting for cultivation or stewardship
- Other: _____

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 list)

Notes: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business 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 \$26, Lunch \$38, Dinner \$64, Light Refreshments \$17