Entertainment Expense Reimbursement Form

Instructions

Complete form. Save As PDF, attach original receipts and e-Mail to: businessoffice@gsm.ucdavis.edu

Name:

Today's Date: Amount of Expense:

Reimbursement type:

Mailing Address:

City: State: Zip Code:

Email Address:

Phone Number:

Account(s) to Charge:

Entertainment Type:

Per Person Maximum (Breakfast $27.00 / Lunch $47.00 / Dinner $81.00 / Light Refreshments $19.00)

Name of Prospect, Organization, or Student Group:

Host Name: Date of Entertainment:

Specific Business Purpose *(i.e., business meeting, donor relations, recruitment, morale building activities, faculty seminar w/ title of talk):*

List of Attendees ***(You may fill out the provided table, or attach a separate complete list of attendees.)*:**

Name (Last, First)	Title	Company

Clear Submit Print