

ENTERTAINMENT MEAL REIMBURSEMENT REQUEST

[For meals purchased for meetings and events, use this form]

Name: _____ Date: _____

UCLA ID #: _____

Email: _____ Employed By UCLA? YES NO

IF NOT AN EMPLOYED

- NEED ADDRESS:

Address: _____ City, State, Zip: _____

Amount of Purchase \$ _____ Professor Name _____ Professor Approval _____ Account To Charge _____

MAXIMUM AMOUNTS ALLOWED PER PERSON - Breakfast: \$27 - Lunch: \$47 - Dinner: \$81 - Light Refreshments: \$19

Only itemized receipts are acceptable [List of items purchased i.e. pizza, hamburger, soda etc]

All receipts should show proof of payment [your name and credit card or bank card digits should appear on the receipt, otherwise provide a bank or credit card statement.

STATE THE BUSINESS JUSTIFICATION

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STATE THE NAME OF THE LAB OR CONFERENCE ROOM WHERE MEETING WAS HELD

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STATE THE NAME OF THE PROJECT OR SUBJECT DISCUSSED

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NAMES - OR ATTACHED LIST OF ATTENDEES	TITLE [i.e student, PhD Research, Professor]	Affiliation [i.e. Microsoft, UCLA]
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		