Entertainment Payment Request ENTERTAINMENT INFORMATION CAN BE FOUND AT THE FOLLOWING ADDRESS: http://controller.berkeley.edu/entertainment Type: (Check one) **Vendor Payment Request** Reimbursement Request Reimbursement Request: Did you pay for the entertainment expenses for this event? No If yes, please provide UCB Employee ID or Student ID# for the individual to be reimbursed. **UCB Employee or Student Name:** UCB Employee or Student ID #: Vendor Payment Request: If no, please provide Vendor contact information for direct payment. Name: Address: **Contact Number:** Does this Entertainment Request include alcohol? : Yes No Does the Fund Provided Allow Alcohol?: No · Check one TYPE (Acct.Code) Entertainment related 57233 University employee on travel status 57002 Meals Provided to Students 57006 Prospective donors, employees and student appointees 57006 Visitors, quests and volunteers 57006 Spouse/partner of a Univ Guest or Univ Host (as an exception) 57351 Cash Contrib.. Incl in a fundraiser fee (as an exception) 57004/57005 Business meeting hospitality (non routine meeting): Tech meeting 57004, non-tech 57005 57007 Employee morale building activities (as an exception) Type: (check one) Light Refreshments * If total exceeds limit the Exceptional Breakfast Lunch Dinner \$27 \$81 Entertainment Form is also needed Campus Per Person Limits **Descriptive Business** Purpose: Open Invitation (attach announcement) List Participants: or 9 10. 11. 12. 13. 14. Date of event: **Total Amount \$** No. of participants: I certify that the above is a true statement, that the expenses claimed were incurred by me or the payee on official University business on the dates shown, and that I have attached original receipts for each expense of \$75 or more, as required by University policy. Official Host's Name: **Host's Signature:** Date Signature (Host must be present) For Departmental Use Only **Fund Description:** MSO: Signature Chair: Signature Dean: Date: Print Signature ECVP: Date: Print Signature