UCSB NRS Reimbursement Worksheet – **ENTERTAINMENT**

**Please attached all original receipts and a guest list**

|  |  |
| --- | --- |
| Name: | Email: |
| Ext: | Dept: |
| Home address: | |

If available, do you want direct deposit: ( ) YES ( )NO

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Entertainment (food, drinks, decorations, etc.) | | | | | | | |
| **#** | **VENDOR** | **DESCRIPTION** | **DATE** | | **PROJ. CODE** | **TOTAL** | **NOTES** |
| 1 |  |  |  | |  |  |  |
| 2 |  |  |  | |  |  |  |
| 3 |  |  |  | |  |  |  |
| 4 |  |  |  | |  |  |  |
| 5 |  |  |  | |  |  |  |
| **Total** | | | | | |  |  |
| **Business related nature** of the occasion or **purpose** of the event: | | | |
|  | | | | | | | |
| **Date** and **location** of the event: | | | | | | | |

**Type of Expense**: ( ) Breakfast ( ) Lunch ( ) Dinner ( ) Light refreshments ( ) Other

I certify that the above is a true statement, that the expenses claimed in the amount mentioned above were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

|  |  |
| --- | --- |
| Payee signature: | Date: |
| Supervisor signature: | Date: |

**Please attached all original receipts and a guest list**

Please mail completed form, receipts and guest list to:

UCSB Natural Reserve System

MSRB 520, Mail Code 6150

Santa Barbara, CA 93106-6150

If you have any questions please contact the NRS Admin Office at (805) 893-4127