

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