

BUSINESS MEETING OR EVENT REIMBURSEMENT FORM

Submit this form with receipts, the attendee list, and any program flyer or meeting agenda that you may have to the Business Office located in 4006 Calit2 or email your documents to tricial@uci.edu.

Payee: _____ Date of Event: _____

Event Host: _____ The Event Host is the same as the Payee

Is the Payee: Employee Vendor One-Time Payee or Student UC ID# _____

Payee Address (only applies to O-T Payees or Students): _____

Event Title: _____

What was the purpose of this meeting or event and how did it serve the University?

Number of Attendees: _____ Please include a list of attendees names and affiliations with submission

Amount of Reimbursement: _____ Price per Attendee: _____ Account #: _____

Please reference <http://www.accounting.uci.edu/travel/entertainment/index.html> to see what the meal maximum limits are and what are reimbursable expenses.

Was this paid using a University Corporate Card? Yes No

Was alcohol included in the bill? Yes No

Reimbursements including alcohol cannot be billed to restricted funds (state funds or contract & grants.) If this reimbursement is for an event, you must include a copy of your approved [UCI Alcohol Request Form](#).

OFFICIAL HOST CERTIFICATION

“I certify that this is a true statement of expenses for official business and pursuant to University policies.”

Host Name

Host Signature

Date

Name of Account Approver

Approval Signature

Date