

My Meeting and Hosted Event Expense Reimbursement Form

PURPOSE: Use this form to request reimbursement for all entertainment/administrative meeting expenses.

Please include the original itemized restaurant receipt(s).

Today's Date: _____

Name (First, Middle Last): _____

Address or Mail Code: _____

Phone number with area code: _____

Email address: _____

Describe in detail the purpose of the meeting/event (REQUIRED BY UCSD):

Type of Expense: (Check One)

☐

Breakfast

☐

Lunch

☐

Dinner

☐

Light Refreshments

Date of Meeting/Event: _____

Was Alcohol Purchased? ☐ Yes ☐ No

SSPPS does not reimburse alcohol expenses.

Meeting/Event Location: _____

(If on campus list the name of building; if off campus list the name of venue or restaurant.)

Check the box only if this is a charge to Research Funds: ☐

**** Please refer to the Policies (by clicking on the following links) for current limitations before completing the rest of this form:**

[Meetings and Entertainment: Maximum Meal Expenses](#)

[Travel: Meals and Lodging](#)

Total amount to be reimbursed: \$ _____

Please identify the funding source/chart string by Project and Task numbers:

Project#

Task#

Project Name/Nickname: _____

Guest Count _____

(Use the attached spreadsheet or provide separately a list of attendees/participants for calculating Cost Per Person by [allowance](#).)

Guest/Attendee/Participant List

[illegible]

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATIVE CONTACT PERSON