

CCOA: _____

EVENT EXPENSE WORKSHEET

FAILURE TO PROVIDE COMPLETE INFORMATION & DOCUMENTATION WILL DELAY YOUR REQUEST
MUST SUBMIT REQUEST WITHIN 2 WEEKS OF INCURRING EXPENSE

Person Receiving Payment: _____
(legal name)

Address: _____
(Street) (City) (State) (Zip)

UC Employee: Yes () No () **UC Student:** Yes () No () **US Citizen:** Yes () No ()

EVENT INFORMATION (List of attendees, including affiliations, required)

Amount: \$ _____ Host Name: _____

Date of Event/Meeting: _____ Location of Event/Meeting: _____

Meeting Start Time: _____ End Time: _____

Specific Substantial and Bona Fide University Business Purpose of Event/Meeting:

Justification of how meal/refreshments are necessary and integral to the event and that alternatives were considered:

SIGNATURES:

Host Signature Date: _____

I was present and certify these entertainment/hospitality expenses were incurred for an official University business purpose.

Payee Signature (If different than host) Date: _____

I certify that the above is a true statement, that the expenses claimed 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.

Authorized Signature (If different than host) Date: _____

I approve that the expense noted on this form be billed to the project code noted above.