

# EVENT EXPENSE WORKSHEET

LAFS: \_\_\_\_\_

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

**Person Receiving Payment:** \_\_\_\_\_ **Project Code:** \_\_\_\_\_

**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:

\_\_\_\_\_  
Date: \_\_\_\_\_

Host Signature

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

\_\_\_\_\_  
Date: \_\_\_\_\_

Payee Signature (If different than host)

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.

\_\_\_\_\_  
Date: \_\_\_\_\_

Authorized Signature (If different than host)

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