

**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.**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security#** \_\_\_\_\_  
(Required for your first reimbursement only)

**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**

**Meeting/Event Location:** \_\_\_\_\_  
*(If on campus list the name of building; if off campus list the name of venue or restaurant.)*

**Group Profile:** \_\_\_\_\_  
*(Example: Students and Faculty)*

**Guest Count** \_\_\_\_\_  
*(Attach guest list)*

**Total amount to be reimbursed: \$** \_\_\_\_\_  
*(Attach original itemized receipts)*

**INDEX NUMBER(s) TO BE CHARGED** \_\_\_\_\_

**Guest List**

**Name**

**Title**

**Affiliation**

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