

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: _____

Note: SSPPS does not reimburse for alcohol purchases.

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: \$ _____

*(Please identify the **funding source/chart string** below)*

Entity#	<input type="text"/>	Program#	<input type="text"/>	Funding Source#	<input type="text"/>
Fund#	<input type="text"/>	Location#	<input type="text"/>		
Financial Unit#	<input type="text"/>	Project#	<input type="text"/>		
Account#	<input type="text"/>	Task#	<input type="text"/>		
Function#	<input type="text"/>	Award#	<input type="text"/>		

Guest List

Name

Title

Affiliation

Name	Title	Affiliation

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