

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 _____

