

CHEMICAL ENGINEERING

UC SANTA BARBARA

Business Meeting and Entertainment Reimbursement Form

Submit completed form along with all original receipts

Name:				Date of Event:			
UC Empl	loyee:	Yes	No	Event Location:			
Address	: <u></u>			Event Host:			
				Type of Expense:	Breakfast	Lunch	
					Dinner	Light Refreshme	nt
Email:					Other		
Account	to be charge	d:					
Busines	s related purp	oose of the event: S	Select one				
Recruitment of faculty, student or staff for an open position in Chemical Engineering							
Hospitality for a visiting speaker, dignitary or honored guest							
	Other:						
Please a	ttach an Invite	e, Flyer, or Agenda	related to this eve	ent			
Guests: List Name, Title, Occupation or Group Affiliation relevant to business purpose. (Or attach list)							
Total amo	ount to be paid	<u> </u>					
Notes:							
		ve is a true statement, that the ex- iversity business on the date—sh		AUTHORIZING SIGNA	TURE	DATE	
	Signature		Date	Print name and title			

Maximum Per Person Expenditure: