

LHS Host/Claimant: _____ Dept: _____ Date: _____

Work Email: _____ Employee ID: _____

Event Description/Date(s): Event _____

Location/Address: _____

Business Reason for Event: _____

Budgeted for FY25/26? YES NO If C&G, list budget line Item: _____

If not budgeted, attach explanation how your budget will cover this expense

Attach all itemized food receipts and circle totals. Receipts must include the vendor name and address; otherwise a **Certificate of Missing or Non-Itemized Receipt** is required. Include a list of all attendees and their affiliations for each event or specific meal.
Note: The maximum per person cost includes food, beverages, labor, tax, delivery, other service fees and tips.

Maximum Reimbursable Cost per Person: Breakfast \$34, Lunch \$59, Dinner \$103, Light Refreshments \$24

Date of Event	Meal Type	# of Attendees	Cost of Meal
Other (non-food) expenses:			
TOTAL REIMBURSEMENT AMOUNT:			

Check if alcohol purchased: (include approval information)

CHARGE TO:

FUND NAME	BU	ACCOUNT	FUND	DEPT	PRG	CHRTFLD1	CHRTFLD2	AMOUNT
	10000							
	10000							
TOTAL:								

Pre-Approval from fund manager & Florencia Ramos, Deputy Director, LHS attached:

I certify that this is a true statement, that the expenses claimed for reimbursement were incurred by me or by my Department for official University business on the date(s) shown, and that the expenses are within the regulations of the University of California.

Host/Claimant Certifying Reimbursement Request	Print: _____	Signature: _____	Date: _____
Fund PI / PD / or Supervisor Approval	Print: _____	Approval Signature: _____	Date: _____
Financial Analyst Approval	Print: _____	Approval Signature: _____	Date: _____
VCR Exceptional Approval, if required	Print: Katherine A Yelick	Approval Signature: _____	Date: _____
Department Authorized Approver	Print: Florencia Ramos, Deputy Director, LHS or Amanda Poon, LHS Budget Officer	Approval Signature: _____	Date: _____