

# Event / Meeting Expense Reimbursement

Reimbursee Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Event Description and Purpose \_\_\_\_\_  
 \_\_\_\_\_

Please pick only ONE

- Breakfast
- Lunch
- Dinner
- Refreshment
- Buffet Reception
- Other Expense \_\_\_\_\_

Event Date \_\_\_\_\_  
 Guest's Name \_\_\_\_\_  
(recruited or invited guest)  
 Affiliation \_\_\_\_\_  
(if not UCSF)


Alcohol? Yes/No \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Fund Sources: (fund names acceptable) \_\_\_\_\_

# of attendees \_\_\_\_\_

## Attendee List

	Last Name	First Name	Title	Affiliation (if not UCSF)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

If there were 12+ attendees, please list them on the back of this form or email the attendee list to me.

Comment(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By signing, you certify that all expenses and claims are true and correct.

Reimbursee Signature \_\_\_\_\_ Approver's Signature \_\_\_\_\_

Directions: \_\_\_\_\_ Approver's Name \_\_\_\_\_

Incomplete form will be returned to you unprocessed. Missing backups or insufficient documentation will cause processing delay. Please submit all itemized original receipts, a complete list of all attendees, and note any missing itemized receipt items. If this expense is being reimbursed via NIH fund, please provide justification in the Comment. For shared expenses or split funds, indicate the split % or amount and fund source(s) for each. If the fund source doesn't belong to you, additional approval signature is required. It is your responsibility to note/deduct any alcohol purchase/consumption on the receipt. Failure to do so will cause processing delay in processing and/or the reimbursement will be returned to you unprocessed.