



DEPARTMENT OF HEAD & NECK SURGERY
ENTERTAINMENT REIMBURSEMENT WORKSHEET

ATTACH ALL ITEMIZED ORIGINAL RECEIPTS WITH THIS FORM TO HEAD & NECK SURGERY FINANCE OFFICE. CREDIT CARD PAYMENT REQUIRES A COPY OF BANK STATEMENT SHOWING THE EXPENSE WAS PAID.

Name: UC Path ID:

FAU/Fund To be Charged: Fund Manager Approval:

Date of Meeting:

Meal Type (prices listed are limits per person): Breakfast (\$31) Lunch (\$54) Dinner (\$94) Light Refreshments (\$22)

Business Purpose: comment -

Type of Event: comment -

University Benefit: Please explain how this event contributes to UCLA

Business Justification for Meeting: Please provide DETAILED purpose of the meeting

Meeting Attendees: Please include TITLE and AFFILIATION

Alcohol: Yes No

Spouses/Family Attended: Yes No

If (Yes) spouse/family member attended please provide justification:

Signature: Date:

\*\*\*PLEASE INCLUDE ALL RECEIPTS (ITEMIZED AND PROOF OF PAYMENT RECEIPTS)\*\*\*