

Entertainment Purchase Order and Event Planner Card Expenses

Authorization and Documentation Form

University of California, Berkeley

Use this form to document Entertainment expenses on Purchase Orders (PO) or Event Planner Cards (EPC).

Approving authorities and allowability of expenditures can be found in UCOP policy Nos. BUS-79 and BUS-43, Part 8.

PREPARER'S INFORMATION

Print Name: _____ Date: _____ Phone: _____
 Department: _____ Email: _____

ENTERTAINMENT/EVENT SUMMARY

Title/Subject: _____ Date(s): _____
 Description: _____
 Invitees: _____
 Business Purpose: _____
 Notes: _____

EXPENSE DETAILS

Document Entertainment PO and EPC transactions for this event below. Use additional forms for more space, if necessary.

DATE	TYPE OF EXPENSE	VENDOR / LOCATION	REFERENCE NO.	AMOUNT

If event included an **Entertainment Meal**, you must document all of the following details:

Type of Event

- Business Meeting Hospitality
- Prospective Donors, Employees, and Student Appointees
- Visitors, Guests, and Volunteers
- Dean's Event
- Other: _____

Type of Meal (Campus Per Person Limits 100%)

- Light Refreshments..... \$19
- Breakfast..... \$27
- Lunch..... \$47
- Dinner..... \$81

Total Meal Cost: _____

*A format to provide Guest List details for meals is provided on the following page.

Number of Attendees: _____

Cost Per-Person: _____

*Exceptional Entertainment Requiring Approval (if required)

- Spouses/Partners in Attendance
- Employee Morale-Building Activity
- Meal Over Campus Per-Person Limit
- Other: _____

University Business Purpose for Exception

Department Head: _____ Date: _____

Executive: _____ Date: _____

Print Name and Title: _____

Print Name and Title: _____

BFS CHARTSTRING DISTRIBUTION

BU	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT	FLEXFIELD	AMOUNT

"I hereby certify that the above is a true statement of department expenses and that such entertainment/event is relative to official University business. These expenses are within the regulations of the University of California.

Host: _____ Date: _____

Print Name and Title: _____

Department Approval: _____ Date: _____

Print Name and Title: _____

If needed, Add'l Approval: _____ Date: _____

Print Name and Title: _____

GUEST LIST

Event: _____

First & Last Name	Title	Occupation / Affiliation
1		
2		
3		
4		
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