

EN	Expenditures for Business Meetings, Entertainment, and Other Occasions	Contract #, if applicable*	Event date
Guest		Event	
▼ Approvals Required & Event Types ► See Appendix B of BFB BUS-79			
1. All Types —Approving Authority must authorize below or on the Blanket Authorization attached here or to individual invoices 2. CAPS —Official Host certification also required 3. UNDERLINE —all the above plus Additional Approval by High Level Designee are required			
<input type="checkbox"/> Business Meetings —use TEV on travel status <input type="checkbox"/> Programmatic Activities —students, volunteers <input type="checkbox"/> RECRUITMENT —including student athletes <input type="checkbox"/> EMPLOYEE MORALE-BUILDING ACTIVITIES <input type="checkbox"/> On-the-Job Meals —for convenience of UCSB <input type="checkbox"/> ENTERTAINMENT —prospective donors			
<input type="checkbox"/> ENTERTAINMENT —social but w/ underlying business purpose <input type="checkbox"/> ENTERTAINMENT —exceeding per person rates of Appendix A <input type="checkbox"/> ENTERTAINMENT —tickets <input type="checkbox"/> ENTERTAINMENT —spouse, partner <input type="checkbox"/> ENTERTAINMENT —includes cash donation / contribution			
CAMPUS CONTACT	Department Name	Mail Cd	Prepared by
			Extn
			Date prepared
			Budget name

UNIVERSITY OF CALIFORNIA SANTA BARBARA – ACCOUNTING SERVICES & CONTROLS – ACCOUNTS PAYABLE, MAIL CODE 2040

Payment Request—Expenditures for Business Meetings, Entertainment, and Other Occasions ([BFB BUS-79](#))

f5e rev 05/2009

PAYEE (Last Name, First, MI.), Remittance Address				Special Handling: <input type="checkbox"/> Call for pick-up Ext: _____ <input type="checkbox"/> Wire/Draft Information form attached <input type="checkbox"/> Special Handling Request form attached		AMOUNT Less Advance NET Subject to Use Tax \$ DO NOT calculate or distribute the actual tax amount Location where used if not main campus					
<input type="checkbox"/> Direct deposit (if set up)		<input type="checkbox"/> Paper check override requested		Vendor ID		Remit code		Cardholder's Employee ID		Cardholder/client/artist/beneficiary, etc., if not payee	
*Some services (catering, hotels, etc.) require contracts all of which must FIRST be either executed or approved by Business Services or Purchasing—no exceptions						Vendor Invoice #, if applicable		Invoice date, if applicable			
Loc	Account	Fund	S	Obj Code	Cost Centr	Cost Type	Project	AMOUNT	TX		
▶									-----		
▶									-----		
▶									-----		
Do not use this form to request Advance				DESCRIPTION, business purpose ▼				▲ Attach Multiple Distribution Coding Block if needed			
Type of expense: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Light refreshments <input type="checkbox"/> Other _____											
Number of Participants: _____ List names, titles, occupations or group affiliations establishing business-related relationships: _____											
Date and location of the event: _____											
Business related nature of the occasion or purpose of the event _____											
Cost per person: _____ Justification of any exceptional expenditures, including exceeding Appendix A limits: _____											
<input type="checkbox"/> Local exceptions per attached documentation						▶ Unallowable expenditures are not reimbursable.					
▶ Exceeding 200% of limits requires Chancellor approval.						▼ See Appendix B, Approval of Expenditures, page 23 of BFB BUS-79 ▼					
I sign as the <input type="checkbox"/> Approver of this payment, acting within the Approving Authority's attached prior authorization of this event. OR, I sign as the <input type="checkbox"/> Approving Authority , an individual who has been delegated written authority to approve expenditures for meals, light refreshments, and other amenities described within BFB BUS-79 . I certify that these entertainment/hospitality expenses were incurred for an official University business purpose and they comply with University policy and fund source allowability.						OFFICIAL HOST: I was present and certify these entertainment/hospitality expenses were incurred for an official University business purpose.					
Signature _____						Signature _____					
Date _____						Date _____					
Print name and title _____						Print name and title _____					
						ADDITIONAL APPROVAL BY HIGH LEVEL DESIGNEE —Chancellor or his designee. State funds cannot be used.					
Signature _____						Signature _____					
Date _____						Date _____					
Print name and title _____						Print name and title _____					

Submit ORIGINAL form to Accounting — Attach original receipts. For vendor enclosures such as contracts, agreements or orders, enclose both the original and a file copy for image archiving

RETENTION: Accounting: 5 years PLUS Federal contract requirements