ENTERTAINMENT REIMBURSEMENT FORM
School of Social Sciences
Send completed forms to SocSciReimbursements@uci.edu

PAYEE INFORMATION	
UCI Employee Name:	One-Time Payee Name:
UCI Email:	Email:
	Mailing Address
	City/State/Zip Code:
	**Non-employees will receive their reimbursement via paper check mailed to the address provided above.*

EVENT INFORMATION

Event Business Purpose: Justification needs to include who, what, when, where, and why.
Example: Economics took seminar speaker to lunch on 5/2/26 to discuss presentation and collaborative research.

Event Location: _____

Event Date: _____ Begin Time: _____ End Time: _____

Host Name: _____

Attendee List (full names, affiliation):

1. _____
2. _____
3. _____
4. _____
5. _____

**If more than 5 attendees, list on separate page.*

Number of Attendees: _____

Was Alcohol Served? Yes ☐ No ☐
Alcohol Permit: Yes ☐ No ☐
** Alcohol cannot be charged to federal or state funds.*
**Alcohol Permit required if served on campus or off campus with 10 or more attendees.*

SUMMARY OF MEAL EXPENSES

Expense Type	Description/Notes	Per Person Max *(includes tax, gratuity, & service charge)*	Cost Per Person Total / # of attendees	Amount
Breakfast		$34		$
Lunch		$59		$
Dinner		$103		$
Refreshments		$24		$
Facility/Room Rental				$
Equipment Rental				$
Other (Describe)				$
			TOTAL EXPENSES	$ 0
			Pay Corporate Card ☐ Reimburse Payee ☐	

Attachments:
☐ Itemized and Proof of Payment Receipts if $75 and over
☐ Agenda or Flyer
☐ Attendee List *(if more than 5 attendees)*
☐ Alcohol Permit *(if applicable)*

KFS Account #	Project Code	Org Ref ID	PI or Dept Manager Signature