

<b>EN</b>	Expenditures for Business Meetings, Entertainment, and Other Occasions	Contract #, if applicable*	Event date
Guest		Event	
<b>▼ Approvals Required &amp; Event Types ►</b> See Appendix B of <a href="#">BFB BUS-79</a>			
1. <b>All Types</b> —Approving Authority must authorize below or on the Blanket Authorization attached here or to individual invoices 2. <b>CAPS</b> —Official Host certification also required 3. <b>UNDERLINE</b> —all the above plus Additional Approval by High Level Designee are required			
<input type="checkbox"/> <b>Business Meetings</b> —use TEV on travel status <input type="checkbox"/> <b>Programmatic Activities</b> —students, volunteers <input type="checkbox"/> <b>RECRUITMENT</b> —including student athletes <input type="checkbox"/> <b>EMPLOYEE MORALE-BUILDING ACTIVITIES</b> <input type="checkbox"/> <b>On-the-Job Meals</b> —for convenience of UCSB <input type="checkbox"/> <b>ENTERTAINMENT</b> —prospective donors			
<input type="checkbox"/> <b>ENTERTAINMENT</b> —social but w/ underlying business purpose <input type="checkbox"/> <b>ENTERTAINMENT</b> —exceeding per person rates of Appendix A <input type="checkbox"/> <b>ENTERTAINMENT</b> —tickets <input type="checkbox"/> <b>ENTERTAINMENT</b> —spouse, partner <input type="checkbox"/> <b>ENTERTAINMENT</b> —includes cash donation / contribution			
<b>CAMPUS CONTACT</b>	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				<b>Special Handling:</b> <input type="checkbox"/> Call for pick-up Ext: _____ <input type="checkbox"/> <a href="#">Wire/Draft Information</a> form attached <input type="checkbox"/> <a href="#">Special Handling Request</a> form attached		<b>AMOUNT</b> Less Advance <b>NET</b> Subject to <b>Use Tax \$</b> 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 <a href="#">Multiple Distribution Coding Block</a> if needed			
<b>Type of expense:</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Light refreshments <input type="checkbox"/> Other _____											
<b>Number of Participants:</b> _____ List names, titles, occupations or group affiliations establishing business-related relationships: _____											
<b>Date and location of the event:</b> _____											
<b>Business related nature of the occasion or purpose of the event</b> _____											
<b>Cost per person:</b> _____ <b>Justification of any exceptional expenditures, including exceeding Appendix A limits:</b> _____											
<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 <a href="#">BFB BUS-79</a> ▼					
I sign as the <input type="checkbox"/> <b>Approver</b> of this payment, acting within the Approving Authority's attached prior authorization of this event. OR, I sign as the <input type="checkbox"/> <b>Approving Authority</b> , an individual who has been delegated written authority to approve expenditures for meals, light refreshments, and other amenities described within <a href="#">BFB BUS-79</a> . 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.						<b>OFFICIAL HOST:</b> 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 _____					
						<b>ADDITIONAL APPROVAL BY HIGH LEVEL DESIGNEE</b> —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