CODAVIS GRADUATE SCHOOL OF MANAGEMENT ENTERTAINMENT EXPENSE Reimbursement Form

Instructions

Complete form. Save As PDF, attach original receipts and e-Mail to: businessoffice@gsm.ucdavis.edu

Name:			
Today's Date:		Amount of Exp	ense:
Reimbursement type:	Out of Pocket	Travel and Entertainment Card	
Mailing Address:			
City:		State:	Zip Code:
Email Address:			
Phone Number:			
Account(s) to Charge:			
Entertainment Type:			
	Des Desers Maniferen (Des allfred C24	00 / Lunch 654 00 / Dinner 604	00 / Light Defrechments (22.00) in

Per Person Maximum (Breakfast \$31.00 / Lunch \$54.00 / Dinner \$94.00 / Light Refreshments \$22.00) includes tax, tip, service charge. Name of Prospect, Organization, or Student Group: Host Name: Date of Entertainment:

Specific Business Purpose Provide a detailed business purpose "research meeting", will not suffice, link to PDF examples at: https://shorturl.at/dzYZ6

List of Attendees (You may fill out the provided table, or attach a separate complete list of attendees.):

Name (Last, First)	Title	Company