



FINANCIAL CLUSTER (ME/NE/IEOR) ENTERTAINMENT (MEALS) REIMB OR PAYMENT REQUEST

Financial Forms available at: <http://me.berkeley.edu/financial>
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ENTERTAINMENT (MEALS) REIMB/PAYMENT CHECKLIST

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH ENTERTAINMENT (MEAL) REIMB/PAYMENT REQUESTS. REQUESTS SUBMITTED WITHOUT COMPLETE DOCUMENTATION WILL BE RETURNED

- Please submit *separate* Entertainment Requests for *each* event. Each intranet ID submission should only be for *one* event.

If requesting reimbursement to an Individual, please select "*Reimbursement Request*", enter Individual's name in the Payee field, and attach *proof of payment* (e.g. paid invoice, credit card receipt, applicable section of credit card statement) **and** the original, **itemized** meal receipt showing meal details. Name on receipts must match **Payee's** name. Credit card receipts must be accompanied by *itemized* meal receipts). If an itemized receipt is not available, the individual requesting reimbursement must provide a short memo explaining why there is no itemized receipt.

- If the vendor needs a copy of the PO, please select "*Entertainment PO request*" and include the Vendor's Fax # and/or E-mail address for PO Distribution (We will request to have the PO sent to the fax or e-mail address listed on the Entertainment Request Form)

- If the goods/services have already been received, please select "*Vendor Payment Request*" and enter the Vendor's name and phone number in the **Payee** field, and attach a copy of the *invoice*.

- Requester's UC Berkeley Employee ID (EID) # or UC Berkeley Student ID (SID) # is required.

- Event information - Business purpose must specify a detailed reason for meeting (e.g. "...to discuss [insert topic here]"). Whenever possible, please include a copy of the meeting agenda/event flyer or invitation letter/e-mail)

- Exceptional expenses** (e.g. Exceeding campus per-person limits, spousal/Dean attendance, holiday gatherings, morale-building activities, annual Faculty/Staff picnics, Employee recognition receptions, Employee retirement/separation after at least five years of service, etc). require a written memo to justify the expense (please attach additional sheets if necessary). A signed approval from the Dean for the exception and additional processing time will be required.

- Please note that the Department Chair must sign as the "Official Host" in any event in which he/she is present the *entire* time of the event (excluding set-up and clean-up times). Furthermore, payment for *any* event for which the *Department Chair* was the Host *and/or* Payee, requires additional approval from the Dean's Office.

- Alcohol costs must be clearly identified on all receipts (please circle alcoholic beverages on itemized receipt) Depending on funding source, alcohol may *or* may not be reimbursable.

- List of attendees - Total number, names, **and** affiliations of attendees. Please attach additional sheets if necessary.

- Host's signature. Approval signature required for requests by non-Faculty members.

- Fund source to charge

Please submit requests electronically via ERSO's intranet system at www.erso.berkeley.edu. Please contact financialcluster@me.berkeley.edu for submission instructions.

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This form is for *Entertainment (Meal/Food)* reimbursements and payments *only*. Please use the Travel or Miscellaneous (Supplies and Materials) reimbursement forms (<http://me.berkeley.edu/services/financial-services>) for reimbursement of those expenses.

Please select one: **ME Dept** **Jacobs Institute/ME** **NE Dept** **IEOR Dept** **CET/IEOR**

Please select one: **Reimbursement Request** **Entertainment PO Request** **Vendor Payment Request**

Preparer's Last Name, First: _____ EID or SID #: _____

Preparer's Work Phone: _____ Preparer's E-Mail: _____

Payee Name, Email or Phone # _____

If PO Request, Vendor's Fax and/or E-mail for PO Distribution: _____

EVENT LOCATION	EVENT DATE	DETAILED BUSINESS PURPOSE (Must be a <i>bona fide</i> campus business purpose)

MEAL TYPE: **Breakfast** **Lunch** **Dinner** **Light Refreshments**

55056 *On the job meals (exceptional)* 57002 *Meals provided to students on academic/research*

EVENT TYPE 57004 *Business Mtg Hospitality - Technical* 57005 *Business Mtg Hospitality - Non-Technical*

Please select one

57006 *Visitors, Guests and Volunteers* 57006 *Prospective donors, employees, & students*

57007 *Employee morale (holiday gatherings, Employee recognition receptions, Employee retirement/separation after at least 5 yrs of svc)*

VENDOR NAME	INVOICE/QUOTE/REF #	TOTAL AMOUNT	# OF ATTENDEES	COST PER PERSON

ENTERTAINMENT TYPES REQUIRING EXCEPTIONAL OR ADDITIONAL APPROVAL	CAMPUS PER-PERSON LIMITS	
<input type="checkbox"/> <i>Meal Over Campus Per-Person Limit (exceptional)</i> <input type="checkbox"/> <i>Spouses/Partners, or Dean in Attendance (exceptional)</i>	Breakfast	\$26.00
<input type="checkbox"/> <i>Employee Morale Building Activity (exceptional)</i> <input type="checkbox"/> <i>Department Chair is the Payee and/or Official Host (add'l)</i>	Lunch	\$45.00
UNIVERSITY BUSINESS PURPOSE FOR EXCEPTIONAL EXPENSE (IF REQUIRED)	Dinner	\$78.00
Please provide the justification below for any exceptional expense (morale bldg, over per-person limits, etc)	Light Refreshments	\$18.00

Is alcohol included in this Entertainment Request? Yes No Does the fund provided below allow alcohol? Yes No

I hereby certify that the above is a true statement of the entertainment/meeting expenses incurred by me on official University business on the dates shown, and that I have submitted original itemized receipts as required by University and Departmental policy.

_____ Official Host's Name _____ Official Host's Signature _____ Date (mm/dd/yy)

DEPARTMENT APPROVAL

_____ Authorizing Name & Title (Print) _____ Authorizing Signature _____ Date (mm/dd/yy)

EXCEPTIONAL OR ADDITIONAL APPROVAL (IF REQUIRED)

_____ Authorizing Name & Title (Print) _____ Authorizing Signature (if required) _____ Date (mm/dd/yy)

Account	Fund	Org ID	Program	Project	Flexfield	Amount

FINANCIAL CLUSTER (ME/NE/IEOR) ENTERTAINMENT REIMB OR PAYMENT REQUEST

LIST OF ATTENDEES (PLEASE INCLUDE HOST)

#	Name (Last, First)	Occupation / Affiliation
1		
2		
3		
4		
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FINANCIAL CLUSTER (ME/NE/IEOR) ENTERTAINMENT REIMB OR PAYMENT REQUEST

LIST OF ATTENDEES (PLEASE INCLUDE HOST)

#	Name (Last, First)	Occupation / Affiliation
23		
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