UCLA Engineering

HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE

Computer Science Department

ENTERTAINMENT MEAL REIMBURSEMENT REQUEST
[For meals purchased for meetings and events, use this form]

Name: _____ Date: _____

UCLA ID #: _____

UCLA Email: _____ Employed By UCLA ? YES ☐ NO ☐

IF NOT AN EMPLOYEE – NEED ADDRESS ˙5Xdress: ··· City, State, Zip: _____

PROFESSORS'S NAME: _____

AMOUNT OF REIMBURSEMENT:$_____NOTE: Receipts need proof of payment [Name, credit or bank card digits should appear on receipt, otherwise provide a bank or credit card statement.   AND: Only itemized receipts are acceptable [list of items purchased i.e. pizza, soda etc.]

STATE THE BUSINESS JUSTIFICTION
STATE THE NAME OF THE LAB OR CONFERENCE ROOM WHERE MEETING WAS HELD
STATE THE NAME OF THE PROJECT

NAME [Or attached attendee list]	TITLE [i.e student, PhD Research, Professor]	Affiliation [i.e. Microsoft, UCLA]
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