

DIRECT PAYMENT / REIMBURSEMENT REQUEST FORM

Department: _____

Prepared By: _____

Account Information

Account Name

Account Number

Sub Account

Project Code

Authorized Signature to Charge Account: _____

<p>Payee Information:</p> <p>Name: _____</p> <p>Address _____ (non-employee): _____</p> <p>Telephone: _____</p> <p>Email: _____</p>	<p>Payment To:</p> <p>Personal</p> <p>Corporate Card</p> <p>Vendor</p>
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Expense Type: _____

NOTE: Restricted expense types require additional APPROVAL from the Department Administrator or Office of Finance. Please attach approval.

Event/ Program/ Activity Name: _____

Event/ Program/ Activity Location: _____

Start Date: _____

Start Time: _____

End Date: _____

End Time: _____

Business Purpose: _____

Number of Attendees: _____

Alcohol Served? _____

Amount: _____

Per UCI policy, the maximum per-person expenditures for meals and light refreshments may not exceed the following amounts including food, beverages, labor, sales tax, delivery charges, and gratuity: BREAKFAST: \$31.00; LUNCH: \$54.00; DINNER: \$94.00; LIGHT REFRESHMENTS: \$22.00.

List of Attendees/ Recipients (1. list below OR 2. attach numerated list with names & affiliations of all attendees/ recipients)

NAME & AFFILIATION

By signing this form, I certify that this is a true statement of entertainment/meeting expenses incurred for official University business in accordance with the University Business 79 Policy on Entertainment.

Payee Signature (REQUIRED): _____

*For direct payment requests, an itemized invoice is required in addition to meeting agenda or event flyer/ invitation.
For reimbursement requests, an itemized paid receipt is required in addition to meeting agenda or event flyer/ invitation.*