

# Entertainment Purchase Order and Event Planner Card Expenses

## Authorization and Documentation Form

University of California, Berkeley

**Use this form to document Entertainment expenses on Purchase Orders (PO) or Event Planner Cards (EPC).**

Approving authorities and allowability of expenditures can be found in UCOP policy Nos. BUS-79 and BUS-43, Part 8.

<b>PREPARER'S INFORMATION</b>		
Print Name: _____	Date: _____	Phone: _____
Department: _____	Email: _____	

<b>ENTERTAINMENT/EVENT SUMMARY</b>	
Title/Subject: _____	Date(s): _____
Description: _____	
Invitees: _____	
Business Purpose: _____	
Notes: _____	

<b>EXPENSE DETAILS</b>				
Document Entertainment PO and EPC transactions for this event below. Use additional forms for more space, if necessary.				
DATE	TYPE OF EXPENSE	VENDOR / LOCATION	REFERENCE NO.	AMOUNT

If event included an **Entertainment Meal**, you must document all of the following details:

<b>Type of Event</b> <input type="checkbox"/> Business Meeting Hospitality <input type="checkbox"/> Prospective Donors, Employees, and Student Appointees <input type="checkbox"/> Visitors, Guests, and Volunteers <input type="checkbox"/> Dean's Event <input type="checkbox"/> Other: _____	<b>Type of Meal (Campus Per Person Limits 100%)</b> <input type="checkbox"/> Light Refreshments..... \$19 <input type="checkbox"/> Breakfast..... \$27 <input type="checkbox"/> Lunch..... \$47 <input type="checkbox"/> Dinner..... \$81  <b>Total Meal Cost:</b> _____
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\*A format to provide Guest List details for meals is provided on the following page.

**Number of Attendees:** \_\_\_\_\_

**Cost Per-Person:** \_\_\_\_\_

**\*Exceptional Entertainment Requiring Approval** (if required)

<input type="checkbox"/> Spouses/Partners in Attendance <input type="checkbox"/> Employee Morale-Building Activity	<input type="checkbox"/> Meal Over Campus Per-Person Limit <input type="checkbox"/> Other: _____
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**University Business Purpose for Exception**

\_\_\_\_\_

\_\_\_\_\_

Department Head: _____	Date: _____	Executive: _____	Date: _____
Print Name and Title: _____		Print Name and Title: _____	

<b>BFS CHARTSTRING DISTRIBUTION</b>							
BU	ACCOUNT	FUND	DEPT ID	PROGRAM	PROJECT	FLEXFIELD	AMOUNT

"I hereby certify that the above is a true statement of department expenses and that such entertainment/event is relative to official University business. These expenses are within the regulations of the University of California.

Host: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Department Approval: _____ Date: _____ Print Name and Title: _____	If needed, Add'l Approval: _____ Date: _____ Print Name and Title: _____
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**GUEST LIST**

Event: \_\_\_\_\_

First & Last Name	Title	Occupation / Affiliation
1		
2		
3		
4		
5		
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8		
9		
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