

Vendor Information:

Name: _____ Telephone #: _____

Address: _____

City, State, Zip: _____

Event Information:

Type of Entertainment: (check applicable boxes)

Breakfast
Lunch
Dinner
Light Refreshments
Buffet Reception
Other: (please describe)

Event Description: (check applicable boxes)

Cooperative Extension Public Education Meeting
Search/Interview Committee for UCCE Position
Faculty/Staff meeting – (light refreshments only)
Administrative meeting directly concerned with the welfare of the University. Meals are an integral part of the business meeting and not for personal convenience.
Facility Use Agreement only (no food service)

Date of Event: _____ Name/Description of Event & Audience: _____

Number of Attendees: _____ Special Instructions: _____

Is an Approval Request for Additional/Exceptional Entertainment required for this event? Yes No *If yes, include a copy of the approved form*

Account Information:

Account: _____ Amount: _____

Account: _____ Amount: _____ Amount Due to Vendor: _____

Account: _____ Amount: _____

Host Certification:

Event Host Name: _____

I hereby certify that the above is a true statement of entertainment expenses incurred in accordance with the rules of the University of California and that such entertainment was relative to official university business and not personal in nature.

Host Signature: _____
(date)

If Host is County Director, the form will be forwarded to ANR's Vice Provost of Cooperative Extension for approval

Approvals:

Advisor/PI: _____

County Director or Vice Provost: _____

Date: _____ Preparer's Name: _____

Originating County Name: _____ Preparer's Contact Information: _____

County Reference Document #: _____