

# FINANCIAL CLUSTER

## ENTERTAINMENT (MEALS) REIMB OR PAYMENT REQUEST

08/01/18

6195 Etcheverry Hall, MC 1740, Berkeley, CA 94720-1740 Financialcluster@me.berkeley.edu

### ENTERTAINMENT (MEALS) REIMB/PAYMENT CHECKLIST

#### CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH ENTERTAINMENT (MEAL) REIMB/PAYMENT REQUESTS. REQUESTS SUBMITTED WITHOUT COMPLETE DOCUMENTATION MAY BE DELAYED OR 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 and method of payment (e.g. Visa + last 4 digits of the card). Itemized receipts required for ALL expenses regardless of the amount. 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 requires a *deposit*, please submit an Entertainment Request on the intranet with a completed Entertainment (ENT) Form + attendee list, quote for the entire order, and invoice for the *deposit amount*. A contract would be required. The Contract would be reviewed by ERSO Buyers and a PO would be set up for the total estimated amount from the quote. Once the event is over, please submit another Entertainment Request on the intranet to request the Final Payment. Please attach the Final Invoice indicating the deposit made, Completed ENT Form, Attendee List, etc.) to request the Final Payment, referencing the original Intranet ID for the Deposit and the PO Number.

- If the vendor requires a *PO* prior to the event, please attach a quote, contract from Vendor, completed Entertainment (ENT) Form + attendee list, and 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). Please add "*For PO Only*" on the Intranet's business purpose field.

- If the vendor accepts payment **AFTER** the event, please submit the request **AFTER** the event, select "Vendor Payment Request" on the form, enter the Vendor's name/phone number in the Payee field, and attach a copy of the *invoice*

- Event information - Business purpose must specify a *detailed* reason for the meeting (e.g. "...to discuss [insert topics 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 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. Furthermore, payments for any event in which the **Department Chair is the Payee** requires additional approval from the Dean.

- The campus per person limits are subject to change without notice. Please refer to <https://controller.berkeley.edu/financial-operations/entertainment/maximum-meal-expenses>

- 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).

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

- List of attendees - Total number, full names, **and** affiliations of attendees (including Host) are required (unless event was OPEN INVITATION). Please attach additional sheets if necessary.

- Host's signature and fund source to charge. Approval signature is required for requests by non-Faculty members.

# FINANCIAL CLUSTER ENTERTAINMENT (MEALS) REIMB OR PAYMENT REQUEST

08/01/18

This form is for *Entertainment (Meal/Food)* reimbursements and vendor 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  
**Please select one:**     Reimbursement Request                       Entertainment PO Request                       Vendor Payment Request

Preparer's Last Name, First: \_\_\_\_\_ Preparer's Work Phone: \_\_\_\_\_

Preparer's E-Mail: \_\_\_\_\_ Quote/Invoice/Reference # \_\_\_\_\_

Payee Name, Vendor/EID or SID # \_\_\_\_\_

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 & Campus Per Person Limits:**     Breakfast \$27     Lunch \$47     Dinner \$81     Light Refreshments \$19

**EVENT TYPE**     55056 On the job meals (exceptional)     57002 Meals provided to students on academic/research     57006 Visitors, Guests and Volunteers  
**Please select one**     57004 Business Mtg Hospitality - Technical     57005 Business Mtg Hospitality - Non-Technical     57006 Prospective donors, employees, & students  
 57007 Employee morale (holiday gatherings, Employee recognition receptions, Employee retirement/separation after at least 5 yrs of svc)

<b># OF ATTENDEES:</b> _____	<b>TOTAL COST OF MEAL</b> _____	<b>COST PER PERSON</b> _____
------------------------------	---------------------------------	------------------------------

*Cost per person includes the cost of the food & beverages, labor, sales tax, delivery, & other service fees. Per person limits are subject to change without notice. Room rental, room setup fees, audio/visual rental, decorations, etc, are not included in per person costs unless those costs cannot be separated by the vendor.*

Non Cost Per Person (NCPP) Items:	Room Rental	Audio/Visual	Decorations	Supplies	Other	Total NCPP	Total Amount Requested

**Are there other expenses for this event that were paid by others or payable to a Vendor? If so, please provide the ERSO Intranet or BearBuy request ID #s and total amount:** \_\_\_\_\_

### ENT TYPES REQUIRING EXCEPTIONAL OR ADDITIONAL APPROVAL FROM THE DEAN

Meal Over Campus Per-Person Limit (exceptional)     Spouses/Partners in Attendance (exceptional)     Dean in Attendance (exceptional)  
 Employee Morale Building Activity (exceptional)     Department Chair is the Payee (additional)     On the Job Meals (exceptional)

**Please provide any additional comments or justification below for any exceptional expense (morale building, over campus per-person limits, etc)**

**Is alcohol included in this Entertainment Request?**     Yes     No    **If yes, 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 itemized receipts (showing method of payment) as required by University and Departmental policy. These expenses are within the regulations of the University of California.*

\_\_\_\_\_ 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  
ENTERTAINMENT (MEALS) REIMB OR PAYMENT REQUEST**

**LIST OF ATTENDEES (PLEASE INCLUDE THE HOST)  
OR IF OPEN INVITATION, PLEASE ATTACH INVITATION OR EVENT FLYER**

#	Name (Last, First)	Occupation / Affiliation
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

**FINANCIAL CLUSTER  
ENTERTAINMENT (MEALS) REIMB OR PAYMENT REQUEST**

**LIST OF ATTENDEES (PLEASE INCLUDE THE HOST)  
OR IF OPEN INVITATION, PLEASE ATTACH INVITATION OR EVENT FLYER**

#	Name (Last, First)	Occupation / Affiliation
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		