

**MATERIALS DEPARTMENT
UNIVERSITY OF CALIFORNIA, SANTA BARBARA**

DEPARTMENT ENTERTAINMENT APPROVAL FORM

Name of Payee/Host: _____

Funds to be Used: _____

Date of Event: _____ Location of Event: _____

Business Purpose of Event: _____

List Names, Titles, Occupations/Affiliations of Participants: _____

Type of Meal: Breakfast Lunch Dinner Light Refreshments Other

Total Cost: \$_____ # of Participants: _____ Cost per Person: \$_____

Signatures: _____
Payee / Host

Date

Advisor / Supervisor / Host

Date

Funding Approval (Financial Manager) and Department Approval (MSO) Entered in Concur.