

|   |  |  |   |
|---|--|--|---|
| <b>EN</b> Event #   | Req #  | <b>Expenditures for Business Meetings, Entertainment, and Other Occasions</b>  | Event date<br>dates vary  |
| Guest or group<br>Ph.D. Student   |  | Event<br>Ph.D. Defense   |   |
| <b>▼ Approvals Required &amp; Event Types</b><br>See Appendix B of BFB BUS-79   |  |  |   |
| 1. <b>All Types</b> -- Approving Authority must blanket authorize (this form) or approve all expense disbursements (invoices or Payment Requests)<br>2. <b>CAPS</b> -- Official Host certification also required<br>3. <b>UNDERLINE</b> -- all the above plus Additional Approval by High Level Designee are required |  | <input type="checkbox"/> <b>Business Meetings</b> --use TEV on travel status<br><input checked="" type="checkbox"/> <b>Programmatic Activities</b> --students, volunteers<br><input type="checkbox"/> <b>RECRUITMENT</b> --including student athletes<br><input type="checkbox"/> <b>EMPLOYEE MORALE-BUILDING ACTIVITIES</b><br><input type="checkbox"/> <b>On-the-job meals</b> --for convenience of UCSB<br><input type="checkbox"/> <b>ENTERTAINMENT</b> --prospective donors | <input type="checkbox"/> <b>ENTERTAINMENT</b> --social but w/ underlying business purpose<br><input type="checkbox"/> <b>ENTERTAINMENT</b> --exceeding per person rates of Appendix A<br><input type="checkbox"/> <b>ENTERTAINMENT</b> --tickets<br><input type="checkbox"/> <b>ENTERTAINMENT</b> --spouse, partner<br><input type="checkbox"/> <b>ENTERTAINMENT</b> --includes cash<br><input type="checkbox"/> <b>ENTERTAINMENT</b> donation/contribution |
| <b>CAMPUS CONTACT</b>   | DEPARTMENT NAME & MAIL CODE<br>Electrical & Computer<br>Engr. 9560 | PREPARED BY<br>M. Grant  | EXT. : 5364<br>DATE PREPARED : 8/20/10<br>NAME OF BUDGET TO BE CHARGED : ECE Department General   |

UNIVERSITY OF CALIFORNIA, SANTA BARBARA - ACCOUNTING SERVICES & CONTROLS - ACCOUNTS PAYABLE, MAIL CODE 2040

## Blanket EVENT AUTHORIZATION by Approving Authority [F5ENB-05/2009]

▶ Use ORIGINAL to obtain blanket authorization for an event that has more than one occurrence (f. ex. continuing programmatic activity) or requires more than one disbursement (f. ex. catering invoices and reimbursements). ▶ Attach COPIES of this signed authorization to each vendor invoice or Payment Request.  
 ▶ Obtain approval to disburse and any Host certification required on this copy or on the attached invoice or Payment Request

|                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| Date copy submitted for disbursement | Vendor (per attached invoice) or Payee (per attached payment request) | Type of authorized event expense submitted | Cost per person or total costs exceeded? | Amount of attached invoice or Payment Request |
|                                      |   |  | <b>If YES, attach reauthorization</b>    |   |

Some services (catering, hotels, etc.) require contracts, all of which must FIRST be either executed or approved by Business Services or Purchasing -- no exceptions

| L   | Account | Fund  | S | Obj Code | Cost Center | Cost Type | Project | AMOUNT   | TX |
|-----|---------|-------|---|----------|-------------|-----------|---------|----------|----|
| ▶ 8 | 402530  | 19900 | 3 | 7250     |             |           | DPAD01  | \$300.00 |    |
| ▶   |         |       |   |          |             |           |         |          |    |
| ▶   |         |       |   |          |             |           |         |          |    |

DESCRIPTION, business purpose ▼ ▲ Attach Multiple Distribution Coding Block if needed

**TYPE OF EXPENSE:**  Breakfast,  Lunch,  Dinner,  Light refreshments,  Other: \_\_\_\_\_

**Number of participants:** 25 List names, titles, occupations or group affiliations establishing business related relationships:  
 Ph.D. Candidates, departmental host (faculty member) and various ECE students, faculty members, visitors, and researchers.

**Date and location of the event:** July 1, 2010-June 30, 2011 (locations vary)

**Business-related nature of the occasion or purpose of the event:**  
 ECE Seminar - Ph.D. Defense (light refreshments: estimate 10 events @ \$30.00 each)

**Cost per person:** 1.20 Justification of any exceptional expenditures, including exceeding Appendix A limits:  
 Light refreshments will be provided to allow the meeting to continue without a break.

**Local Exceptions** per attached documentation  
 ▶ Exceeding 200% of limits requires Chancellor approval. ▶ Unallowable expenditures are not reimbursable.  
 ▼ See Appendix B, Approval of Expenditures, page 23 of BFB BUS-79

**TOTAL SPEND AUTHORIZED**  
 Amount not to exceed: \$ 300.00 \_\_\_\_\_

I sign as the **Approving Authority**, an individual who has been delegated written authority to approve expenditure for meals, light refreshments, and other amenities as described within BFB BUS-79.

I authorize the above entertainment/hospitality expenses to be incurred for an official University business purpose in compliance with University policy and fund source allowability.

I further authorize an approver with signature authority over the above budget(s) to approve disbursement of expenses incurred for this event, under this authority, by attaching a copy of this signed authorization to every invoice and Payment Request.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Jerry Gibson, Professor and Chair, ECE  
 Print (or type) name, title, department

I sign this copy as the **Approver** to disburse the attached expense, acting within the Approving Authority's blanket authorization for this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print (or type) name, title, department

**OFFICIAL HOST:** I was present and certify these entertainment/hospitality expenses were incurred for an official University business purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Joao Hespanha, Professor and Vice Chair, ECE  
 Print (or type) name, title, department

**ADDITIONAL APPROVAL BY HIGH LEVEL DESIGNEE** -- Chancellor or his designee. State funds cannot be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print (or type) name, title, department

**Submit ORIGINAL form to Accounting** -- Attach original receipts. For vendor enclosures such as contracts, agreements or orders, please enclose both the original and a file copy for image archiving.

**RETENTION** - Accounting: 5 years PLUS Federal contract requirements.