## Entertainment Reporting Addendum (Travel/CTE Card/Pro-Card)

Important: For full functionality open form using Adobe Reader or Acrobat Professional. To save a completed form, you may need Acrobat Professional. For technical and accessibility assistance, contact finaff-tech@ucsc.edu. For form questions, contact procard@ucsc.edu for Pro-Card information, ctecard@ucsc.edu for CTE Card information, or travelhelp@ucsc.edu for travel information.

Section 1: Event Information						
Event Name:	Date Range:	Departm	Department:		Event Type:	
	to					
Food/Beverage Purchased:	Event Location:	Supplies Total:	Food/Bev Cost:	Number of Participants:	Per-person Cost	
lethod of Payment (select all th	State UC Busine	State UC Business Reason for Event:				
Out-of-Pocket						
CTE Card						
Pro-Card						
	ttach a guest list containing th der to establish the business r	-	•	heir occupation or		
Section 2: Per-Person Rates	See th	See the Entertainment Guide for more policy information.				
Breakfast	\$31.00 Dinner \$94.00	) 1. Alcoho 2. Per-pe	<ol> <li>bp Level Approval is Needed if:</li> <li>Alcohol is present (not allowed for student events)</li> <li>Per-person maximum rate has been exceeded</li> <li>Spansoffamily members of employees or guests attended</li> </ol>			
Lunch \$	54.00 Refreshment \$22	4. Cost is	<ol> <li>Spouse/family members of employees or guests attended</li> <li>Cost is for tickets or includes a donation</li> <li>Employee morale</li> </ol>			

Section 3: Transfer of Expense and Event Approvals			Check box if your department will process TOE(s)					
Fund	d Organization Account		Activity Amount		Accounting Notes/	Accounting Notes/Questions for Budgetary Approver		
		5.44			<b>–</b> "	5.4		
raveler/Card	holder Signature Required	Print Na	me		Email	Date		
Host Signature (If Different from Above)		Print Na	Print Name		Email	Date		
Event Order Approver (EOA) Signature (If Needed)		leeded) Print Na	Print Name		Email	Date		
	-					-		
Event Expens	e Certifier (EEC) Signature Re	equired Print Na	me		Email	Date		
Top Level Approval Signature (If Needed)		Print Na	Print Name		Email	Date		

## Section 4: Submit Information

**Instructions**: Attach completed form and original itemized receipts to the Post Travel form, Pro-Card statement, or CTE Card statement as appropriate and submit to ctecard@ucsc.edu. DocuSign submissions submit to fadsfar@ucsc.edu Note: Failure to submit reconciliations within 60 days of statement availability will result in account suspension