UCR ENTERTAI	NMENT CHECK REQUEST FORM U5-1E (R-18/03) ONE FORM PER EVENT
ENT	TERTAINMENT EXPENSE GUEST LIST
2	ENTITION ENTREMEDICAL CONTRACTOR OF THE CONTRACT
DATE OF THE EVENT:	
LOCATION OF THE EVENT:	
PURPOSE OF THE MEETING/EVENT:	
DEPARTMENT/PROGRAM:	
The individual arranging an event (e.g.,	e event and approve all expenses for this event type, per BUS-79 Policy , making hotel arrangements, ordering food, etc.) is not the host unless he or she is t at the event and acting in a capacity as the official host.
EVENT HOST:	
VISITOR/GUEST/SPEAKER:	

 AME	pant(s) being entertained. TITLE	ORGANIZATION / AFFILIATIO