

**California State University, Stanislaus
Hospitality Expenditures**

In order to comply with ICSUAM Policy 1301.00 Hospitality, Payment or Reimbursement of Expenses, (revised date 12/15/2011), all information requested below must be submitted.

Department Name: _____

Requestors Name And Title: _____

Requestors Telephone Number: _____

Chartfield String:

Fund	Deptid	Account	Program	Project	Class
		660837			

Type of Expense (e.g.: breakfast, lunch, refreshments, gifts): _____

Amount of Expense: _____

Vendor's Name: _____

For purpose of completing this form, hospitality expense or food and beverage expense will be referred to as "event."

Date of Event: _____

Location of Event: _____

Purpose of Event: _____

List of names, titles, affiliations of event participants:

Provide explanation of benefit received by the University from event:

APPROVED BY (Signature required by Dean, AVP/Equivalent Level or Vice President):

Name (printed): _____

Name (signature): _____

Title: _____ Date: _____

Please note that the hospitality form must be approved prior to the date of the event.

Please attach this form to the original, itemized receipt. (For restaurants, the itemized restaurant bill, as well as the personal credit card receipt, is required). If the restaurant is unwilling or unable to provide an itemized receipt, a written statement to that fact, must be provided.