California State University, Stanislaus

Food & Beverage/Community Relations Event Approval Form

In order to comply with ICSUAM Policy 1301.00 Hospitality (revised date 9/1/18)

Department Na	ame:						
Requestor's N	ame And Title:						
Requestor's P	hone:						
		Fund	Deptid	Account	Program	Project	Class
Chartfield Strir	ng:						
Type of Expen	se (e.g.: breakf	ast, lunch	ı, communit	y event):			
Estimated Total	al Cost:						
Est. Cost Per I	Person:						
Vendor's Name	e:						
Date of Event:							
Location of Ev	ent:						
Business Purp	ose:						
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 (signatu							
Title:	·			Date	e:		
President (or	that Food ring tickets for designee) ap t events or exp	food) mu proval re	equired if I	nospitality in	the date of cludes reci	reation, sp	orting, or
Please attach this form to the original, itemized receipt when submitting for reimbursement or							

payment.

PRINT CLEAR