



HOSPITALITY FORM

In order to comply with ICSUAM Policy 1301

Current Date: _____ Date of Event: _____ Location of Event: _____

Requester Name/Title: _____ Department Name: _____

Number of Participants: _____ Cost per Participant: _____

(reference the Hospitality Procedure for per person meal limits, enter \$0.00 if no cost)

Vendor(s) _____

Does the hospitality include official guests? _____ Estimated Total Cost: _____

No Yes (Description of official guest(s) needed)

Type of Hospitality: (e.g.: business meeting, community event, service recognition, etc.)

If "Yes" please include a list of attendees and their business relationship with the campus. For large groups (16 or more) where the names of attendees are unknown, description of the group is sufficient in the text box.

Is this a reoccurring meeting/event? Y N N/A

If yes, how many meetings/events per year

Is Chartwells providing the food? Y N N/A

Are non Coca-Cola products being served? Y N N/A

Business Purpose:
(Please be detailed, agenda required for employee only meeting. Event flyer must be attached for all events)

Explanation of Benefit:
(Provide an explanation of benefit to be received by the University from the event)

Account	Fund	Dept	Program	Project	Class	\$ Amount	Approving Authority

Type of Hospitality Expense <i>(Mark all that apply):</i>	State Funds	Auxiliary Organization Funds	Sponsored Program or A9XXX
Personal Benefit - Gifts to employees such as flowers, birthday, wedding, anniversary, bridal/baby showers, bereavement, etc.		<i>Not Allowed</i>	
Meals and light refreshments for meetings / events <i>(limited 4-6 per year / per group)</i>			
Employee awards/prizes, service recognition, or employee morale functions			
Employee farewell gatherings			
Employee farewell awards			
Participation Incentives			
Promotional items for official guests			
Promotional items for university employees			
Gifts and Gift Cards <i>(not resulting in a personal benefit)</i>			
Clothing for employees that displays the University name or logo			
Memberships in social organizations	<i>Not Allowed</i>		
Alcoholic beverages	<i>Not Allowed</i>		
Entertainment services <i>(President or designee approval)</i>	<i>Not Allowed</i>		
Other <i>(Describe):</i>			

The hospitality policy can be found on the Financial Services website

- Food & Beverage or attendance at a community relations activity (involving tickets/food) must be approved prior to the date of the event.
- President, or designee, approval required if hospitality includes recreation, sporting or entertainment events or expenditures for a spouse, domestic partner or significant other's attendance.
- Please attach this form to the original, itemized receipt when submitting for reimbursement or payment.

AUTHORIZED SIGNER (APPROVING AUTHORITY):

Expenses are in accordance with the CSU Stanislaus Hospitality Policy & Procedures:

ADDITIONAL APPROVING OFFICIAL, if required:

(Required when authorized signer is also an attendee of event.)

Print Name & Title: _____ Date: _____

Signature: _____

Signature: _____

