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| Seal%20Small%20Gold&RedCALIFORNIA STATE UNIVERSITY, STANISLAUS |

# HOSPITALITY, FOOD, AND BEVERAGE EXPENDITURES

In order to comply with Executive Order #761, effective August 1, 2001, all information requested below must be submitted.

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| **Department Name:** |       |

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| --- | --- |
| **Requestor’s Name and Title:** |       |
|  |       |

|  |  |
| --- | --- |
| **Requestor’s Telephone Number:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chartfield String:** |       |       |       |       |       |

 Account Fund Department Project Program

|  |  |
| --- | --- |
| **Type of Expense** (e.g.: breakfast, lunch, refreshments, gifts)**:** |       |

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| --- | --- |
| **Amount of Expense:** |       |

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| --- | --- |
| **Vendor’s Name:** |       |

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| \*For purpose of completing this form, hospitality expense or food and beverage expense will be referred to as “event”. |

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| --- | --- |
| **Date of Event:** |       |

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| --- | --- |
| **Location of Event:** |       |

|  |  |
| --- | --- |
| **Purpose of Event:** |       |

|  |  |
| --- | --- |
| **List of Names, Titles, Affiliations Of Event Participants:** |       |
|       |
|       |

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| **Provide Explanation of Benefit Received by the University from Event:** |       |
|       |
|       |

**APPROVED BY:** (Dept. Head, Dean or Vice President):

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| --- | --- |
| **Name:** |       |

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| **Title:** |       | **Date** |

Please attach this form to the completed and approved department requisition form along with the **original, itemized receipt** (the itemized restaurant bill as well as the personal credit card receipt). If the restaurant is unwilling or unable to provide an itemized receipt, a written statement to that fact, **must be provided**.

**NOTE:** Individuals cannot approve their own reimbursements, nor can individuals approve expenses of their supervisors.