

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 Name: _____

Requestor's Name And Title: _____

Requestor's Phone: _____

Fund	Deptid	Account	Program	Project	Class
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Chartfield String: _____

Type of Expense (e.g.: breakfast, lunch, community event): _____

Estimated Total Cost: _____

Est. Cost Per Person: _____

Vendor's Name: _____

Date of Event: _____

Location of Event: _____

Business Purpose: _____

List of names, titles, affiliations of event participants:

Empty rectangular box for listing participants.

Provide explanation of benefit received by the University from event:

Empty rectangular box for explaining benefit.

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

Name (printed): _____

Name (signature): _____

Title: _____ Date: _____

Please note that Food & Beverage or Attendance at a Community Relations Activity (involving tickets for food) must be approved prior to the date of the event. **Campus 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.