HOSPITALITY FORM

Revised 11/20/17 – v2.3

Clear Form

Department Name: _____ Current Date: _____

Requestor Name: _____ Phone or Email: _____

Official Host Name: _____ Phone or Email: _____

Vendor/Payee Name: _____

Does the meeting/event include official guests?

☐ No ☐ Yes (describe official guest): →

If "No", see hospitality policy for maximum meal type limits

☐ Employees from another CSU work location	☐ Donors	☐ Sponsored Program participants
☐ Members of community	☐ Students	☐ Volunteers
☐ Recruitment candidates	☐ Other (Describe):	

Date(s) of Event: _____

Number of Participants: _____ Cost per Person: _____ Estimated Expense $: _____

Business Purpose: (Attach or provide list of participants)	

Business Unit	Account	Fund	Dept	Program	Project	Class	$ Amount

Type of Hospitality Expense (Please check ✓ applicable boxes):	Operating Fund (1)	All Other, incl. Aux & Trust Funds (2)
Gifts to employees	Not Allowed	
Birthday, wedding, anniversary, bridal/baby showers, bereavement or similar gifts	Not Allowed	
Tobacco products	Not Allowed	
Meals and light refreshments for meetings and events attended by official guests	☐ (3)	☐
Meals and light refreshments for meetings and events attended by only university or auxiliary employees when no official guest is attending	No	☐
Employee awards/prizes, service recognition, or employee morale functions *(Must be an officially recognized program or event hosted or approved by the President)*	☐	☐
Employee celebrations of retirement and farewell gatherings *($750 maximum)*	☐	☐
Promotional items and/or travel expenses for official guests	☐	☐
Promotional items for university employees *(tangible personal property up to $75)*	No	☐
Gifts to official guests	No	☐
Memberships in social organizations	No	☐
Alcoholic beverages	No	☐
Entertainment services *(VP approval or higher required)*	No	☐
Other (Describe):		

(1) Includes SOxxx, RNxxx and RTxxx funds; (2) Expenses must be allowable per trust or grant agreement, (3) Excludes alcohol

AUTHORIZED SIGNER (APPROVING AUTHORITY):
Expenses are in accordance with the SSU Hospitality Policy:

Print Name _____ Date _____

Signature _____

ADDITIONAL APPROVING OFFICIAL, if required:
(Signature required when an authorized signer may not approve their own or their supervisor's expenses, or when President's approval required)

Signature _____ Date _____