

Hospitality Request Form (ASI-H-1)

Hospitality Policy – Section 2

(Must be filled out prior to receiving hospitality funds)



I. REQUESTOR INFORMATION	
Full Name:	Date:
Coyote ID:	Extension:
Email Address:	

II. EVENT INFORMATION (In accordance with the Associated Students Inc. Hospitality Policy and consistent with the mission of the organization, the following hospitality is requested)	
a. Type of Event:	
b. Date of Event:	
c. Purpose of Event (Justification):	

d. Amount Being Requested:	
Food: \$ _____	
Drinks: \$ _____	
Miscellaneous: \$ _____	
Total Amount: \$ _____	
e. Method of Payment (Circle One): Check Corporate Card Purchase Order Reimbursement	
f. Is there an exception being made to this request? (If yes, please complete section f) Yes No	
g. Reason for Exception:	

III. APPROVAL (Must be completed and approved to receive funds.)	
a. Date Received:	b. Is there an exception? Yes No
c. Authorizing Name:	d. Title:
e. Is request approved:	f. Signature: _____ Date: _____
If the authorizing name in (c) is an officer, please provide authorization of the Executive Director below:	
Signature: _____	Date: _____

Front Desk:

Received By: _____	Date: _____
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Hospitality Expense Form (ASI-H-2)

Hospitality Policy – Section 2

(Must be completed after the event has concluded)



EXPENSE REPORT (TO BE COMPLETED AFTER THE EVENT)

Please attach (all that apply) an agenda, program, receipts and attendance sheet

a. Is an agenda attached?

Yes No

b. Is a program attached?

Yes No

c. Are receipts attached?

Yes No

d. Is there an attendance sheet?

No Yes

e. If any documentation is missing from sections a – d, please state why:

f. Final Cost: \$

g. Is there a reimbursement that needs to be processed? (If yes, please complete a reimbursement form)

Yes No

Signature of Requestor:

Date:

Front Desk:

Received By:

Date:

(Please attach all necessary documents as stated in Section 2 of this policy)