

Date

SMSU Hospitality for Work Purposes Approval Form

Event name:_____

Event Date:

Start/Stop Times of Event Support: (include set-up/ prep time, event, breakdown or cleanup time, etc...)

Start/Stop Times of Actual Event:_____

Amount Requested:

Description of Event & Hospitality: (type of food, vendor, number of people, cost per person, etc...)

If for Staff, List Staff Who Will Attend:

Requestor Signature/Title Approver Signature/Title