

HOSPITALITY EXPENSE REQUEST

Auxiliary Accounting

5500 University Parkway. San Bernardino, CA 92407

Main (909) 537-7213 Fax (909) 537-7175

ASI PHL SUN UEC

CHECK DISTRIBUTION

Mail Check to Address

Pick up

Extension: _____

Payable to (Payee Name)	Date	Phone
Home Address, City, State, Zip Code		

PEOPLESOFT CHARTFIELD:

Account	Fund	Dept	Program	Class	Project	Amount
Total						

Hospitality Expense (Please attach a separate list if necessary)

Number of Attendees:	Cost Per Person:	Total Cost:
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Check One: Breakfast Lunch Dinner Light Refreshments

Date of Event:	Location of Event:	Official Host/Title:
Title of Event:		
Names of Official Guests/Business Affiliations (Attach a list if necessary. If a spouse or equivalent is attending, please state the name and relationship to host or guest.)		

Event was hosted while traveling on business. (Please submit copy of the Travel Claim Form)

Please check off the appropriate mission or annotate if not already on the form on how the proposed expenditure will benefit the educational mission of CSUSB. **Please provide a complete description of the item(s) purchased or service(s) provided.**

Mission:

- | | | |
|---|---|--|
| <input type="checkbox"/> Student Support | <input type="checkbox"/> Educational Program | <input type="checkbox"/> Sponsored Program Activities |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> Technology Development | <input type="checkbox"/> Faculty/Staff Development |
| <input type="checkbox"/> Cultural Activity | <input type="checkbox"/> Partnership Building | <input checked="" type="checkbox"/> Cultivate Donors (Provide attendees) |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Description/Purpose: _____

Prepared by (Please Print) _____ Phone or Ext _____ Date _____

Approved By (Please Print) _____

I CERTIFY THAT: this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Account Authorized Signature Approval _____ Date _____

Accounts Payable turnaround timeframe is 10 business days.

Auxiliary Use Only
Vendor No: _____
Voucher No: _____
Budget Approval _____

HOSPITALITY EXPENSE PAYMENT/REIMBURSEMENT FORM

A Hospitality Expense Payment/Reimbursement Form must be completed whenever food or beverages are served for the purpose of extending hospitality in connection with Official University and/or Auxiliary business. ICSUAM Policy Number 1301.00 will be followed on Hospitality Reimbursements.

More info: <http://www.calstate.edu/icsuam/sections/1000/1301.00.shtml>

The Accounts Payable turnaround timeframe is 10 business days, upon receiving the completed forms and the appropriate back-up documentations.

1. Check Disbursement

Please specify how you would like your check to be handled. Please be advised that if you request the check to be mailed, it will go to the address indicated on the form.

2. Please select business unit that activity has occurred in.

ASI	Associated Students, Inc.
PHL	Philanthropic Auxiliary
SUN	San Manuel Student Union
UEC	University Enterprises Corporation at CSUSB

3. Personal Information

Claimant - Payee name

Date - The date you are filling out the request

Phone - Home phone number of Claimant

Home Address - Home address of Claimant

4. Peoplesoft Chartfield

Enter the account, fund, dept., project, and amount.

5. Hospitality Expense

Number of Attendees- The total number of people in attendance at the event, including host. Please attach an additional sheet if necessary with the name and business affiliations. Official Guest is a person who renders a service to the University/Auxiliary or is present at a University/Auxiliary meeting, conference, or event at the invitation of the person authorized to host the activity, including employees from another work location.

Cost Per Person- Total cost of event divided by number of attendees. These amounts do not include the rental of the meeting or conference facilities, which may be charged as an additional expense.

Total Cost- Total cost of the Hospitality Event (food and/or beverages being served at the business function).

Date of Event/Location of Event- The date and location of the event. (i.e., mm/dd/yyyy- Castaway Restaurant, San Bernardino, CA)

Official Host and Title- The full name and title of the event host. Official Host is an employee representing the University/Auxiliary who hosts a meeting, conference, or event.

Title of Event- The type of event. (i.e., reception, luncheon, dinner, meeting, etc).

Names of Official Guests/Business Affiliations- Provide a list of guests and their business affiliations.

6. Event hosted while traveling on Business-Please check mark and submit copy of the Travel Claim Form.

7. Mission- Check off appropriate mission on how the proposed expenditure will benefit the educational mission of CSUSB.

8. Description/Purpose- A notation identifying how the event benefited the University/Auxiliary business purpose.

9. Prepared By

Person preparing the Hospitality Expense Payment Reimbursement Form

9. Certification

If you are receiving reimbursement from more than one source, you must provide information concerning that source to prevent duplication payment/reimbursement.

11. Approved By

An authorized signer on the account must approve and date the reimbursement form.