CSU, San Bernardino HOSPITALITY EXPENSE APPROVAL FORM

Print	Form

Date	Department								
Preparer name	By signing below, I have reviewed this expense, the Hospitality Policy, and have the delegated authority to approve this expenditure. I understand tha may not approve my own expenses or the expenses of my supervisor.							e. I understand that I	
Extension					2			, .	
Email Address					Signature:)	<			
	Printed Name of Approver								
	Account	Fund	Dept ID	Program	Class	Projec	t]	
	Please provide	complete and ac	curate account inf	formation in the b	ooxes above to avo	oid delays in processing o	or returns.		
Type of Event						Date of Event			
Number of attendees	s Average cost per person				Total cost	Total cost			
	List of atte	ndees, their	- affiliations, ar	nd a copy of t	he agenda, fly	/er or invitation mu	ust be attac	hed to this form.	
Payee Name	Please provide remitting address (required fo reimbursements to employees). Remittance							ees). Remittance	
Remit Address						address on invoi to vendors.	ice will be us	sed for payments	
City, State, Zip		Invoice/receipt #							
Corporate	Order <i>(require</i> Department r e Card Department r	nust forward H	ospitality Appro Hospitality App	val Form to Pu	-	erer). stablishing requisition credit card receipt as p			
Personal	credit card, pe	rsonal check, c	or cash.	ed receipt with	Hospitality App	roval Form to Account	s Payable.		
				nized invoice, d	etailed catering	sheet, and submitting	with Hospita	lity Approval form to	
Purpose of even	t and purch	ase (explana	tion should d	escribe bene	fits to the univ	versity):			
For Provost/Division VP/or Designee approval:					or Accounts Payable use only:				
						/ndr#			
Name			Title			/chr#			
						Date:			
					E	Intered:	Reviev	ved:	

*CSUSB's Hospitality Policy may be found at https://www.csusb.edu/policies/hospitality-policy