

Approval Flow for Hospitality Pre-Approval

Does your department **have a Dept. Chair/Director** (e.g., Academic departments, Sponsored Programs, FCE, Graduate Studies, Faculty Senate, OSR, WRI, OCE, etc.)? If yes, please use the following approval flow:

1. Approval 1 – Event Representative – The form filler
2. Approval 2 – Dept. Chair/Director
3. Approval 3 – Dean/AVP
4. Approval 4 – Joselyn Yap (Account String)
5. Approval 5 – Jenna Aguirre (Provost’s Delegate)

When filling out the form, make sure to add the signature box for each approver next to the appropriate field.

Does your department **only have a Dean/AVP** (e.g., Dean’s Offices, Central ASUA, Office of Academic Programs, Faculty Affairs, Academic Research, etc.)? If yes, please use the following approval flow:

1. Approval 1 – Event Representative – The form filler
2. Approval 2 – Dean/AVP
3. Approval 3 – Joselyn Yap (Account String)
4. Approval 4 – Jenna Aguirre (Provost’s Delegate)

When filling out the form, make sure to add the signature box for each approver next to the appropriate field.

Make sure to include Agenda, List of Attendees, and relevant quote/expense. If they are not included, the form will be kicked back for correction.

Delete this page before submitting for signatures.

- Click on **Tools**
- Click on **Organize Pages**
- **Select this page**
- Click on **Trash Can Icon**



Hospitality Expense Pre-Approval Form

I. EVENT INFORMATION

Event Title/ Project _____
Dept. _____ College/Unit _____
Event Representative _____ Email _____ Ext. _____
Event Date _____ Start Time _____ End Time _____ Location _____

II. TYPE OF EVENT

Type of Event:

Reoccurring Meeting? Yes No If yes, how often: _____

III. AREA(S) OF HOSPITALITY BEING PROPOSED (select all that apply)

- Meals and/or Refreshments Promotional Items Service Recognition
 Awards or Gifts Entertainment Services Travel for Official Guest
 Alcoholic Beverages (Complete information required on <https://www.csusb.edu/special-events/event-scheduling/forms/alcohol-use-permit>)

IV. ATTENDEES (check all that apply)

of Attendees _____ Students Faculty Staff Alumni/Friends

V. ACCOUNTING INFORMATION

Account to be charged: Account: _____ Fund: _____ Dept ID: _____ Class: _____ Project: _____
 Estimated Expense: \$ _____

VI. APPROVERS

Event Representative	Name _____	Signature _____	Date _____
Dept. Chair/Director	Name _____	Signature _____	Date _____
Dean/AVP	Name _____	Signature _____	Date _____
VP/Provost Designee	Name _____	Signature _____	Date _____

Any questions please call (909) 537-4419

For more information, please visit <https://calstate.policystat.com/policy/6597023>

Please review the [Hospitality Guidelines for the Academic Affairs Division](#) to ensure proper use of funds.