

Hospitality Request Form (ASI-H-1)

Hospitality Policy – Section 2

(Must be filled out prior to receiving hospitality funds)



Form No.: _____

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 g) Yes No	
g. Reason for Exception: _____ _____ _____	

III. APPROVAL (Must be completed and approved to receive funds.)	
a. Date Received:	b. Is there an exception being made? 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)



Form No.: _____

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