

CSU, San Bernardino

HOSPITALITY EXPENSE APPROVAL FORM

Date _____

Preparer name _____

Extension _____

Email Address _____

Department _____

By signing below, I have reviewed this expense, ICSUAM 1301.00*, and I have the delegated authority to approve this expenditure. I understand that I may not approve my own expenses or the expenses of my supervisor.

Signature: **X** _____

Printed Name of Approver _____

Account	Fund	Dept ID	Program	Class	Project

Please provide complete and accurate account information in the boxes above to avoid delays in processing or returns.

Type of Event _____ Date of Event _____

Number of attendees _____ Average cost per person _____ Total estimated cost _____

List of attendees, their affiliations, and a copy of the agenda must be attached to this form.

Payee Name _____

Please provide remitting address (required for reimbursements to employees). Remittance address on invoice will be used for payments to vendors.

Remit Address _____

City, State, Zip _____

Invoice/receipt # _____

Method of payment:

Purchase Order *(required when purchasing from any vendor, except current campus caterer).*

Department must forward Hospitality Approval Form to Purchasing when establishing requisition.

Procurement Card *(items only - NO food, beverage, or travel related purchases).*

Department must submit the Hospitality Approval Form to Purchasing with the credit card receipt in their monthly procurement card statement.

Personal credit card, personal check, or cash.

Department must submit the original itemized receipt with Hospitality Approval Form to Accounts Payable.

Direct Bill by current campus catering service.

Department is responsible for obtaining itemized invoice, detailed function sheet, and submitting with Hospitality Approval form to Accounts Payable.

Purpose of event and purchase (explanation should describe benefits to the university):

Provost/Division VP/or Designee approval:

Name _____ Title _____

Signature _____ Date _____

For Accounts Payable use only:

Vndr# _____ Ck# _____

Vchr# _____ Amt: _____

Date: _____ Dated: _____

Entered: _____ Reviewed: _____

*ICSUAM 1301.00 is the CSU hospitality policy and may be found at <http://www.calstate.edu/icsuam/sections/1000/1301.00.shtml>