



HOSPITALITY JUSTIFICATION FORM

Business Unit:

Official Host:

Payable to:

Department:

Contact:

Ext:

Total Amount:

Meal:

Cost of Meal per Attendee:

Line Item Name

Amount

Account

Fund

Dept. ID

Program

Class

Project

Type of Event:

Type of Hospitality:

Notes:

Business Purpose of Meeting Event:

Is this a reoccurring meeting?

If yes, how often:

Event Location:

Date of Event:

Attendee Name:

Attendee Business Relationship to Campus:

Small group (25 or less) attach list if needed. Large group (more than 25) where the names of attendees are unknown, a description of the group and estimated cost of the meal per attendee is sufficient.

Approval*

Signature:

Print Name and Title:

Exception Approval by VP/Provost**

Signature:

Print Name:

* Cannot approve your own expenses, those of your manager, or events from which you benefit.

** Per person meal exceeded the limit; preapproval alcohol at employee only event; recreational, sporting, or entertainment events; or spouse, domestic partner, or significant other of an employee.