



This form shall be completed and submitted with supporting documentation (i.e., itemized receipt, event/meeting agenda, quote, or invoice) for **ALL** hospitality related expenses. For detailed information, please refer to the [Hospitality Procedures](#). Please return completed form to your department-assigned [Procurement Specialist](#).

PAYEE INFORMATION		Procurement Specialist: _____
		Requisition #: _____
Name: _____	Supplier ID/Chico State ID: _____	
Department: _____	Budget Contact Name: _____	Extension: _____

STATE CHARTFIELD					
660H54					
Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	Amount

EXPENSE DESCRIPTION			
Type of Expense:	Business Meals	Participation Incentive	Promotional Item
	Award & Prizes <i>Attach process defining eligibility, selection criteria and amount along w/VP approval.</i>		Other: _____
Describe the business purpose of the hospitality: <i>(for retirement or memorial, indicate employee's years of service)</i>			
Event Name: _____		Event Dates: _____	
Total Number of Attendees/Recipients: _____			
Small Group: List names of attendees/recipients	Faculty/Staff	Student	Official Guest

Large Group: Attach a list of attendees/recipients (i.e., staff, faculty, students, official guest)			
Cost per person (see maximum per person rates section of Hospitality Procedures): <i>Amount Requested divided by Total Number of Attendees/Recipients</i>			

AUTHORIZATION			
<i>By signing this request, I certify this event/expense serves a clear University business purpose, is consistent with the mission of the University, is cost effective, does not include alcohol, and is in accordance with the best use of public funds. Higher authority approval is required.</i>			
Appropriate Administrator/Chair: _____			
	Printed Name	Signature	Date
President, Provost, Vice President or Designee: _____			
	Printed Name	Signature	Date

Procurement and Contract Services: _____	Date: _____
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