



This form shall be completed and submitted along with the Procurement Credit Card Reconciliation packet for ALL hospitality expenses incurred with the campus ProCard. For detailed information about hospitality, refer to the [Hospitality Procedures](#).

HOSPITALITY INFORMATION

Expense Amount: _____

Type of Expense: Business Meal Awards and Prizes
 Participation Incentive Promotional Item
 Other

Event Name: _____

Event Start Date: _____ Event End Date: _____ **Department:** _____

Describe the business purpose of the hospitality (*for retirement or memorial, indicate the employee's years of service*):

Total Number of Attendees/Recipients: _____ Cost Per Person: _____
(see maximum per person rates section of Hospitality Procedures)

Small Group (10 or less): List names of all attendees/recipients

If the group exceeds 10 participants, please include a list along with this form as part of your packet submission.

HOSPITALITY APPROVING OFFICIAL

Approver must be higher authority than payee and Delegation of Fiscal Authority Level 3 (Dean, AVP, Vice Provost, Admin III) or higher authority.

Name: _____ Title: _____

Signature: _____ Date: _____