



Hospitality Authorization Form

Hospitality information

INSTRUCTIONS: Complete this form using Adobe (not web browser), submit to your department for approval, then attach a copy to all related expenses. It is recommended to sign via Fill & Sign tool rather than Adobe Sign.

Ev	ent name:			Date(s):					
Event type:			Location of event:						
Bu	isiness purpose (must be specific and provide enough info to a	a third-pa	arty reviewer to understand the natur	re and purpose):					
√	What types of Hospitality will be included in this ever	nt? Sele	ct all applicable categories.						
Fo	Food & beverage (excluding alcohol):								
	MEAL(S): (check all that apply to this event) Breakfast (\$30 max per person) Lunch (\$50 max per person) Dinner (\$80 max per person) Light Refreshments (\$25 max per person)		ited attendance per meal:	nt:					
	Employees <i>only</i>	 Co Is ¹ Ag 	hat time is the event? to uld this event be successfully carried or the meeting reoccurring? a. If yes: This is event # of enda and attendee list required with exity (P or VP approval required on page 2	_ for current fiscal year.					
	Hiring committee and candidate(s)		Attendee list must be added to each meal receipt and is required when submitting expense						
	Employees & Official Guests <i>only</i>		lee list (including guests' business relat tting expense (please attach)	cionship to the campus) required when					
	Students, campus-wide, open invite, or public event	Event	flyer required (please attach)						
	Spouse/partner of employee included	Presid	ent/Designee approval required on pag	ge 2					
	If this box is checked, a Hospitality Meal Worksheet will be re	equired t	o be attached to each meal receipt/inv	voice.					
Ot	her:								
	Promotional Items	penr • May	dollar value items such as keychains, la nants, basic t-shirts used to promote th not be distributed as thank you gifts o not be given to employees						
	Awards to students for academic excellence	• Spec • It is final the s • Departo Adording is re-	Gift card or meal voucher \$50 max Non-monetary item \$100 max ific criteria were met to qualify for the the responsibility of the department concial Aid Office of cash and cash-equivalent identification number of award artment is also responsible for reporting counting Services staff, who are responsed awards or prizes and notifying cash awards meet or exceed \$600 duriquired to report as income to the recip	onferring the award to notify the alent awards given to students, including direcipients. In non-cash awards provided to students on sible for tracking the cumulative value the IRS should the cumulative value of ing a calendar year, which the University pient.					
	Award to employees for official award presentation (no food or beverage) for 5+ years of service retirement award	• Canr	rd example: engraved plaque, clock, et not exceed \$100, inclusive of all custom	nization fees					

		ľ	ITEM TYPE: Gift card or meal voucher \$50 max							
			Non-monetary item \$100 max							
			Given to students: It is the responsibility of the department conferring the award							
	Incentive for participation in a survey, door prize drawing		to notify the Financial Aid Office of cash and cash-equivalent awards given to							
	(excludes raffles), Toro Rewards, or distribution of Campu Food Pantry meal vouchers		students, including the student identification number of award recipients. • Given to employees: It is the responsibility of the department conferring the prize							
	Tood Failtry mear vouchers		to notify Payroll of cash and cash-equivalent awards given to employees by							
			completing forms STD 676P for cash & cash equivalent awards and STD 676V for non-cash awards and submitting to Payroll for processing. Payroll department will							
				ee's SSN information on these fo						
	Entertainment services for public event with business		be used ONLY on (campus are exempt from this Pa	yroli repo	rting.				
	purpose (décor, equipment and venue rental, music,									
	performers)		, , , , , , , , , , , , , , , , , , ,							
	Entertainment event (admission tickets, recreational,	R	Requires President/	Designee approval below						
	sporting)									
10	Total estimated cost of this entire event:									
Re	quested by:			Date:	Dept II):				
Re	quested by:			Date:	Dept II):				
Re	quested by:		Approval	Date:	Dept II) :				
I h	quested by: ave reviewed the details of this event and have verified the efiduciary responsibilities of the University.	е ехре	•							
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I h	ave reviewed the details of this event and have verified the e fiduciary responsibilities of the University.	expe	nses are necessary			n, and consistent with				
I h	ave reviewed the details of this event and have verified the e fiduciary responsibilities of the University. cal Officer/ARM:	е ехре	nses are necessary Signature:			p, and consistent with Date:				
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I h th th Fis	ave reviewed the details of this event and have verified the e fiduciary responsibilities of the University. cal Officer/ARM: can/AVP:		nses are necessary Signature: Signature:	, reasonable, appropriate to the		p, and consistent with Date:				
I h th th Fis	ave reviewed the details of this event and have verified the e fiduciary responsibilities of the University. cal Officer/ARM: an/AVP: If this box is checked, AVP or VP approval is required be	elow fo	nses are necessary Signature: Signature: or employee-only reture:	, reasonable, appropriate to the	e occasion	Date: Date:				
I h th th This De	ave reviewed the details of this event and have verified the e fiduciary responsibilities of the University. cal Officer/ARM: an/AVP: If this box is checked, AVP or VP approval is required became:	elow fo	signature: Signature: or employee-only reture:	, reasonable, appropriate to the	e occasion	Date: Date:				