University Enterprises, Inc.
SACRAMENTO STATE

HOSPITALITY JUSTIFICATION FORM

Business Unit: SPA

This form should accompany a reimbursement request (i.e. Check Request, Travel Claim, etc). Please submit with requests when appropriate.

Payable to:

Official Host:

Department:

Contact:

Ext:

Total Amount: $ 25.00

Meal: Light Refreshment ($40 per person)

Cost of Meal per Attendee:

Line item description	Amount	Account #	Object #

Type of Event: Employee Recognition

Type of Hospitality: Service Recognition

Notes:

Business Purpose of Meeting Event:

Is this a reoccurring meeting? No

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.

Authorized Approval*

Signature:

Print Name and Title:

Exception Approval by VP/Provost**

Signature:

Print Name:

UEI SPA Approval

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.