



CAL MARITIME

Hospitality Expense Justification Form

Name of Event

Vendor

Date of Event

Business Purpose of Event

Official Host Name

Department

List of Attendees

My signature below certifies that I have read the Hospitality Policy and that the event/expense complies with the funding guidelines and that I am authorized to make such expenses on behalf of the Host Department.

Cardholder Signature

Date

Approving Official

Date