

HOSPITALITY FORM

Revised: February 9, 2024

Current Date: Official Host Name:				Date(s) of Event: Location of Event:			
Does the hospitality	include official gue	sts?	☐ No	Yes (Select options below)			
CSU Employe	ees from another CS	U	☐ Cadets ☐ Volunteers				
Community Members			☐ Donors ☐ Other:				
Recruitment Candidates			Sponsored Program Participants				
If "No" please attac	ch a list of participar	nts and refere	ence the hospitalit	y policy for maxim	um meal limits.		
Is this a recurring n	neeting?	No	☐ Yes If y	yes, how often is the	e meeting held? (Occurance_	
Business Purpos (Please be detai Agenda required employee only meeting.)	led.						
Business Unit	Account	Fund	Dept	Program	Project	Clas	ss \$ Amount
					-		
Type of Hospitality Expense (Mark all that apply):					Operating	Operating Fund Operating Fund Operating Fund Auxiliary F Trust Fun (Based on Tru Agreeme:	
Birthday, wedding, anniversary, bridal/baby showers, bereavement gifts to employees					Not allo	Not allowed	
	efreshments for mee /prizes, service reco			1 1			
	have at least 5 years		imployee larewell	awarus anu			
Employee morale	-building (must serv	e a business	purpose)				
	s for official guests						
	s for university emp	loyees					
Entertainment ser		must serve (n husiness nurnos	e)			
Gifts to employees or official guests (must serve a business purpose) Memberships in social organizations					Not Allo	owed	
Alcoholic beverages					Not Allo		
Other (Describe):							
	SIGNER (APPRedance with CSU Hosp		UTHORITY):	(Required when	AL APPROV a authorized signer he authorized sign	and official	FICIAL, if required: l host are the same person or wh sor)
Print Name:			Date:	Signature:			
Signatura							
Signature:							