

**Department Information** 

## Hospitality Expense Justification Accounts Payable

Finance - One Washington Square - San José, CA 95192-0008

Main: 408-924-1558 Fax: 408-924-1698

This form is to be completed and submitted with other supporting documentation (i.e., itemized receipt, event/meeting agenda, quote, or invoice) for hospitality related expenses. For detailed information on allowable hospitality expenses and appropriate funding sources, please refer to the <a href="Hospitality Guidelines">Hospitality Guidelines</a> (http://www.sjsu.edu/finance/ policies\_guidelines/hospitality/index. .html). **Note:** For business meetings or events attended by SJSU employees only, an event/meeting agenda is **required** to be included with the support documentation.

1.	Contact Name: En			Phone:		
2.	Department:			<u> </u>		
Payment Request Information						
1.	Payment Request Method:	Direct Payment	Employee/Studen	t Reimbursement		
		Petty Cash	ProCard	Requisition		
2.	What Fund will be used to pay the ex	nd will be used to pay the expense? Amount: \$				
3.	Vendor or Employee/Student Name: Vendor ID or Emp/Std ID:			r ID or Emp/Std ID:		
Expense Description						
1.	Type of Expense: Catering/Fo	od Related (includes su	pplies and beverage	es) Award	Prize	
	Promotional Items Mea	ls with Official Guest or	Candidate C	Other:		
2.		supporting documentation is not itemized, Claimant certifies at alcoholic beverages were <i>NOT</i> included in expenses.  Claimant Signature:				
3.	Event Name:					
4.	Event Dates:	t Dates: Event Location:				
5.	Describe the business purpose of the	event:				
6.	Small Group- List names of attended	es/recipients: SJ\$	SU Employee	Student	Guest	
7. 8.	Large Group- Number of attendees, Large Group- Provide general descrattach a list.	· · · · · · · · · · · · · · · · · · ·	 vients, i.e. staff, facu	Ity, students, community	leaders, <b>or</b>	