

Department Information

Hospitality Expense Justification Payment Services

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

Main: 408-924-1558

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 Hospitality Guidelines (https://www.sjsu.edu/fabs/how-we-can-help/policies-guides/hospitality-guidelines.php). **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: E		nail:	Phone:	Phone:	
2.	Department:					
Payment Request Information						
1.	Payment Request Method:	Direct Payment	Direct Payment Employee/Student Reimbursement			
		Petty Cash	ProCard	Requisition		
2.	What Fund will be used to pay the expense? Amount: \$				<u> </u>	
3.	Vendor or Employee/Student Name: Vendor ID or Emp/			Vendor ID or Emp/Std ID:		
Expense Description						
1.	Type of Expense: Catering/F	ood Related (includ	des supplies and be	everages) Award	Prize	
	Promotional Items Meals with Official Guest or Candidate Other:					
	If supporting documentation is not itemized, Claimant certifies					
2.	that alcoholic beverages were <i>NOT</i> included in expenses. Claimant Signature:					
3.	Event Name:					
4.	Event Dates:	Event Location:				
5.	Describe the business purpose of the event:					
6.	Small Group- List names of attended	es/recipients:	SJSU Employee	Student	Guest	
7.	Large Group- Number of attendees	s/recipients				
8.	Large Group- Provide general description of attendees/recipients, i.e. staff, faculty, students, community leaders, <i>or</i> attach a list.					