HOSPITALITY FORM



Revised 05/2023 v4.0

Current Date:			Da	Date of Event:				
				hone or Email:				
				Cost per Participant:				
Does the hospitality	_							
No Yes (Describe official guest): If "No" please include a list of participants and reference the hospitality policy for maximum meal limits.			Employees from another CSU work location Members of the community Recruitment candidates		Students	Donors Sponsored Program participants Students Volunteers Other (Describe):		
Business Purpose (Please be detaile agenda required f employee only meeting)	d,							
Business Unit	Account	Fund	Dept	Program	Project	Class	\$ Amount	
Type of Hospitality Expense (<i>Mark all that apply</i>): Gifts to employees					Operating Fund	Self-Support Student Fee	Private Support	
Birthday, wedding, anniversary, bridal/baby showers, bereavement gifts to employees					Not allowed			
Tobacco products Meals and light refreshments for meetings and events					Not allowed			
Employee awards/	prizes, service rec	ognition, or emp		unctions				
Employee farewel		maximum)						
Employee farewel	for official guests						+	
	for university em		e personal prope	erty up to \$75)				
Gifts to official guests					Not Allowed	Not Allowed		
Stoles or equivalent Memberships in social organizations					Not Allowed	Not Allowed		
Alcoholic beverages					Not Allowed Not Allowed		+	
Entertainment services (VP approval or higher required)					Not Allowed			
Other (Describe):								
The hospitality poli	•	•	•	S				
AUTHORIZED S Expenses are in ac					ONAL APPROV			
Print Name: Date:					when authorized sign ficial host is the autho			
Signature:				Signature	Signature:			