



# HOSPITALITY FORM

Revised 09/2019 v3.0

Current Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Official Host Name: \_\_\_\_\_ Phone or Email: \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Cost per Participant: \_\_\_\_\_

Does the hospitality include official guests?

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

Donors

Students

Other (Describe): \_\_\_\_\_

Sponsored Program participants

Volunteers

Business Purpose: <i>(Please be detailed, agenda required for employee only meeting)</i>	
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Business Unit	Account	Fund	Dept	Program	Project	Class	\$ Amount

Type of Hospitality Expense (Mark all that apply):	Operating Fund	Self-Support Student Fee	Private Support
Gifts to employees		Not allowed	
Birthday, wedding, anniversary, bridal/baby showers, bereavement gifts to employees		Not allowed	
Tobacco products		Not allowed	
Meals and light refreshments for meetings and events			
Employee awards/prizes, service recognition, or employee morale functions			
Employee farewell gatherings (\$750 maximum)			
Employee farewell awards			
Promotional items for official guests			
Promotional items for university employees (Tangible personal property up to \$75)			
Gifts to official guests	Not Allowed	Not Allowed	
Stoles or equivalent	Not Allowed	Not Allowed	
Memberships in social organizations	Not Allowed		
Alcoholic beverages	Not Allowed		
Entertainment services (VP approval or higher required)	Not Allowed		
Other (Describe):			

The hospitality policy can be found at <https://www.sonoma.edu/policies>

**AUTHORIZED SIGNER (APPROVING AUTHORITY):**

Expenses are in accordance with the SSU Hospitality Policy:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ADDITIONAL APPROVING OFFICIAL, if required:**

*(Required when authorized signer and official host are the same person or when official host is the authorized signer's supervisor)*

Signature: \_\_\_\_\_