INDIANA STATE UNIVERSITY

HOSPITALITY REQUEST FORM

For guidelines on allowable hospitality expenses, go to: http://www.indstate.edu/controller/finance/index.htm

EVENT INFORMATION:

Requesting Unit:		Unit Contact:
Date of Event:		Place:
Event Start Time:		Event End Time:
PURPOSE OF EVENT:		
Business Purpose of Event: (be specific, including what type of group was involved)		
NUMBER OF PERSONS	ATTENDING:	
Number of Employees: Number of Students:		
Number of Non-University In	ndividuals:	Affiliation:
When less than eleven list by na	ame those present:	
	ATTACH <u>DETAILI</u>	ED RECEIPT(S)
	ed receipts showing the account is being used f	e food and beverages ordered regardless of what for reimbursement.
APPROVAL (Required for Sode	xho-catered events):	
Office of the Controller:		Date: