



**FOUNDATION**  
OF CALIFORNIA STATE UNIVERSITY  
**MONTEREY BAY**



## Hospitality Expense Justification

*This form is to be completed and submitted with other supporting documentation (i.e., event/meeting agenda or quote) for hospitality related expenses.*

*For detailed information on allowable hospitality expenses and appropriate funding sources, refer to the [Hospitality Guidelines](#)*



*Note: For business meetings or events attended by CSUMB and/or Auxiliary Organization employees only, an event/meeting agenda is required to be included with the support documentation.*

### Department Information

1. Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Department: \_\_\_\_\_

### Payment Request Information

1. Payment Request Method:    Direct Pay    Purchase Order    Personal Reimbursement    ProCard  
*Personal Reimbursement should only be used in cases where services were not provided, just payment for actual food and/or beverages. If using a ProCard, review and adhere to all ProCard policies which may be applicable.*

2. What Auxiliary Fund (required) and project number (if applicable) will be used to pay the expense? \_\_\_\_\_

3. Vendor or Employee/Student Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Expense Description



1. Type of Expense:     Awards and prizes     Promotional items    Approved Vendor for Promotional Items?    Yes  No

Entertainment services     Food and beverage     Other: \_\_\_\_\_

2. If supporting documentation is not itemized, claimant certifies that alcoholic beverages were **NOT** included in expenses. **\*\*See note regarding alcohol**    **Payee Signature:** \_\_\_\_\_

3. Event Name: \_\_\_\_\_

4. Event Date(s): \_\_\_\_\_    Event Location: \_\_\_\_\_

5. Describe the business purpose of the event: \_\_\_\_\_

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6. **Small Group**- List names of attendees/recipients:    **Employee**    **Student**    **Guest**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Large Group**- Number of attendees/recipients \_\_\_\_\_

**Large Group**- Provide general description of attendees/recipients, i.e. staff, faculty, students, community leaders, **or** attach a list.

\_\_\_\_\_

**\*\* Certain Auxiliary Funds *do* allow for alcohol. If you are uncertain if alcohol purchases are allowed from your funding source, contact [grants@csumb.edu](mailto:grants@csumb.edu) or [corporationaccounting@csumb.edu](mailto:corporationaccounting@csumb.edu).**