



CALIFORNIA STATE UNIVERSITY, LOS ANGELES

AUTHORIZATION TO HOLD HOSPITALITY EVENT AND REQUEST FOR REIMBURSEMENT OF HOSPITALITY-RELATED EXPENSES

Authorization to Hold Event

Request for Reimbursement

- 1. Type of Organization: Student () Faculty () Staff () Other ()
2. Name of Department/Organization:
3. Department Administrator Contact:
4. Date(s): Time: Location*:

* All requests to use vendors other than University Auxiliary Services, Inc. (UAS) and requests for off-campus events must be approved by UAS as prescribed by Cal State L.A. Administrative Procedure 025.

- 5. Type of Event:
Community Relations (funding requested) Official Activity Designation Other

- 6. Purpose of Event:

Table with 2 columns: Funding Source and Amount. Rows include General Fund, Trust or Other Special Funds Account, Auxiliary Account, Community Relations Account, and TOTAL.

- 8. Person(s) authorized to expend funds: Name

Title Extension Email

- 9. Will alcoholic beverages be served? No () Yes () If yes, refer to Cal State L.A. Administrative Procedure 019, Use of Alcoholic Beverages On Campus.

I have read Administrative Procedure 209, Hospitality, Payment or Reimbursement of Expenses, and hereby agree to abide by the provisions stated herein.

Name and Title (printed) Signature Date

APPROVING AUTHORITY USE ONLY

Name and Title of Division Approving Authority:
Approved: Denied:
Signature Date

Name and Title of UAS Approving Authority (if applicable):
Approved: Denied:
Signature Date