CAL STATE LA

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

Type of Hospitality (select an option from the list): _____

1. Type of Participant: Student ☐   Faculty ☐   Staff ☐   Other ☐ _____

2. Name of Department/Organization:_____

3. Prepared by: _____ Extension: _____

4. Date(s):_____ Time:_____ Location:_____

5. Title and Business Purpose of Event: _____

   _____

6. Will UAS provide services for the event?   Yes ☐   No * ☐

   *Note: All requests to host an off-campus event, purchase food from an off-campus vendor or the purchase of any food items from anyone other than University Auxiliary Services, Inc. (UAS) Dining Services must be approved by UAS as prescribed by Cal State L.A. Administrative Procedure 025. Please explain in detail in the space provided below the reason for the request. Signature of UAS Dining Services Director, or designee, is required prior to the event.

   A) Provide list of expected attendees/RSVP , include the business relationship of attendees to campus (attach separate list if needed) ****** and **B)** Include the Event Flyer (or applicable documentation) and **C)** Estimated average cost of meal per attendee (as applicable)

   _____

   _____

   ** For large groups where the names of attendees is unknown, a description of the group and estimated cost of the meal per attendee may be provided in lieu of a list of attendees.

   Name and Title of UAS Approving Authority: _____

   _____   _____   _____
       Approve   Decline   Signature   Date

7. Funding Source:*****

	Account	Fund	Department	Program	Project ID	
CFS Chartfield						$_____
CFS Chartfield						$_____
CFS Chartfield						$_____
					TOTAL	$_____

8. Will alcoholic beverages be served?   Yes ☐   No ☐   If yes, refer to Cal States LA Administrative Procedure 019, Use of Alcoholic Beverages on Campus.

   I have read Cal State LA, Administrative Procedure 209, Hospitality Policy and hereby agree to abide by the provisions stated herein.

   _____   _____
   Department Administrator Approver (Level 4 or above)   Signature   Date

   _____   _____
   Fiscal Authority Approver (Level 4 or above)   Signature   Date

   _____   _____
   Division VP/CFO Approver (Level 2 or above)   Signature   Date

   _____   _____
       Approve   Decline