



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

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 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.**

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 Administrative Procedure 209, Hospitality, Payment or Reimbursement of Expenses, 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