

INDIANA UNIVERSITY SOUTH BEND

HOSPITALITY EXPENSE REIMBURSEMENT FORM

Please complete in detail and forward (with original receipt(s)) to
Accounting Services: Administration Bldg. Room 236.

- 1. Payee/Vendor (to whom the check should be made payable):
Campus Address _____
- 2. Reimbursement amount: _____
- 3. Date of function: _____
- 4. Place of function: _____
- 5. Nature of function (ie. luncheon, dinner, reception): _____
- 6. Source of Funding: _____
Account Number: _____
- 7. Persons in attendance. (Include names, titles, and associations. Use reverse side if necessary, giving names of everyone attending. For groups of more than 20 persons or receptions, the number of people in attendance and the general character of the group will suffice. For Search & Screen meals, allowable reimbursement for two (2) staff and the candidate. If possible please obtain itemized receipt(s). Alcohol is not an allowable reimbursement via hospitality.)

- 8. University purpose: (In a simple sentence state the benefit of this function to the University.)

APPROVAL

Date filed: _____
Claimant: _____
Campus Address: _____

Signature: _____

Department Head / Division Head / Dean

Vice Chancellor for Division
Associate Vice Chancellor for Division

Kathleen Pizaña South Bend Fiscal Officer

FOR ACCOUNTING SERVICES USE ONLY

Dept. Reference: Student Related Class: 4025-STU Employee Recognition Class: 4025-EMP

Search & Screen Class: 4025-S&S Other Class: 4025-OTH Acad Review Class: 4025-REV
Breakfast: \$12 pp, Lunch \$15 pp, Dinner \$25 pp