



Please note the following:

- One (1) form is required per event
- An event which takes place over multiple consecutive days is considered one event
- One (1) form may be submitted for multiple dates of the same event type

Requestor Info	
Full Name:	CSUSM Email:
Department:	

Hospitality/Event Info	
Description/Title of Event or Program:	
Please explain the business purpose of this expense and the benefit to the CSU:	
Event Start Date:	Event End Date:
Location/Venue of Event:	

Attendee or Recipient Type (Please check all that apply)	
Donor	Spouse or Domestic Partner
Faculty, State and Auxiliary Staff, Student Assistants	Student
Official Guests	Student Athlete
Research Participant	Other

Will there be Food and Beverage at this event?

Will there be Alcoholic Beverages at this event?

Are gift cards part of the event?

Hospitality Categories and Funding Information (Please check all that apply)	
Awards and Service Recognition	Memberships in Social Organizations (Auxiliary funding only)
Bereavement Gift Expenditures	Participation Incentives – Research funded survey/study or student participation in events
Community Relations	Participation Incentives – other (Auxiliary funding only)
Donor Gifts	Professional Conference, Meeting, or Reception
Employee Business Meetings	Promotional Items
Employee Morale and Recognition	Recreational and Sporting Events (Athletics only)
Fundraising	Student Recruitment, Engagement, or Recognition

Chartfield Information						
Number of Chartfields:	**If you have more than 3 Categories and/or Chartfields, please attach Excel file.					
1. Payment Method:						
	Fund	Dept	Program	Class	Project	Amount
						\$
Vendor(s):						
2. Payment Method:						
	Fund	Dept	Program	Class	Project	Amount
						\$
Vendor(s):						
3. Payment Method:						
	Fund	Dept	Program	Class	Project	Amount
						\$
Vendor(s):						
Hospitality Expenses Estimate: \$						

Required Attachments if applicable or if not previously attached:

Please attach an agenda, flier, invitation, or event announcement and for smaller events, a list of attendees.

If this is a Catering event, please attach the Catering estimates/quotes for all expenditures and cost per person.

**Please note that ALL Caterers must be selected from the [CSUSM Corporation Approved Caterers List](#).

Reminders:

Please make sure to choose an allowable payment method based on procedures/guidelines (e.g. Use ProCard as first option for allowable items, no Direct Pay for services, Purchase Order for services and anything with an agreement.)

Direct Pay – An approved copy of this form must be attached to the [Direct Pay Form](#)

ProCard – An approved copy of this form and the itemized receipt for purchases must be attached to the monthly reconciliation statement

If using a catering service other than Sodexo over \$250.00 a First Right of Refusal is needed from Sodexo.

If providing promotional items or participation incentives that cannot be fulfilled by the bookstore and that have a CSUSM logo, wording, lettering, or imply affiliation with CSUSM a First Right of Refusal is needed from the bookstore.

I have read the information above and acknowledge that I have the responsibility to complete future actions

Signatures:

Reviewer for Accounts Payable			
Name	Title	Signature	Date

Funding Authority Approval			
Fiscal Authority (or PI or designee for 85xxx projects)			
Name	Title	Signature	Date

Fiscal Authority 2 (For split-funding)			
Name	Title	Signature	Date

Authorized Reviewer Prior to Level 1 (Optional)			
Name	Title	Signature	Date

Level I Approving Authority – ALL Transactions			
All transactions shall be approved by the Level I Approving Authority. Level I must have fiscal authority and a minimum classification of Dean, Vice Provost, or Associate Vice President or their designee (an employee with a minimum classification of Dean, Vice Provost, or Associate Vice President), or Director of Finance for CORP. Designees must have the written delegation of authority attached to the hospitality approval form. If transaction is over \$500, it must also be approved by the Level II Approving Authority.			
I certify that the above meets the criteria and complies with the CSU Hospitality Policy , CSUSM Hospitality Guidelines , CSUSM Corporation Hospitality Policy , and CSUSM Policy “Alcoholic Use on Campus” .			
Name	Title	Signature	Date

Authorized Reviewer Prior to Level II (Optional)			
Name	Title	Signature	Date

Level II Approving Authority – Transactions Greater Than \$500 and/or Special Circumstances			
Authorization of Level II Approving Authority is also required for payment or reimbursement of the following hospitality expenditures for:			
<ul style="list-style-type: none">• Recreational and sporting events• Alcohol, regardless of the total expense• A spouse or domestic partner of an employee			
Level II must have fiscal authority and a minimum classification of PAT Member or their designee (an employee with a minimum classification of Dean, Vice Provost, or Associate Vice President) or Executive Director for CORP. Designees must have the written delegation of authority attached to the hospitality approval form.			
I certify that the above meets the criteria and complies with the CSU Hospitality Policy , CSUSM Hospitality Guidelines , CSUSM Corporation Hospitality Policy , and CSUSM Policy “Alcoholic Use on Campus” .			
Name	Title	Signature	Date

CORP Funded Projects: Office of Sponsored Projects (85xxx) or jprior@csusm.edu (81xxx or 86xxx)

Name	Title	Signature	Date

Reviewer for Foundation Project Admin

Name	Title	Signature	Date

Reviewer for Special Circumstances

Name	Title	Signature	Date

If "Special Circumstances" PAT Member

Name	Title	Signature	Date

Blanket Hospitality

Blanket Hospitality State/Foundation:

Name	Title	Signature	Date

Blanket Hospitality Corporation:

Name	Title	Signature	Date

Gift Card Approval

Name	Title	Signature	Date