



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 Participant: Student Faculty Staff Other _____
- Name of Department/Organization: _____
- Department Contact: _____
- Date(s): _____ Time: _____ Location: _____
- 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

6. Funding Source:

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

- 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.

Name and Title of Preparer Signature Date

Name and Title of Fiscal Authority (Level 4 or above): _____

Email Extension Signature Date

Name of Division VP/CFO (Level 2 or above): _____

Approve Decline Signature Date