

Hospitality Authorization Form

For Food, Beverage, Catering, Events, Tangible Gifts and Incentives

Event name or item description:	Date(s):
REQUIRED: Direct or indirect benefit to the CSU to be derived from this expense:	

√	Please indicate the nature of the expense by checking the appropriate item(s) and funding source to be used:	Foundation Allowable Funding Source	
Fo	od & beverage (excluding alcohol):	Account #	Object Code
	1) for CSUDH event or meeting for <u>employees only</u> that furthers the educational mission of the campus (requires VP or designee approval) (<u>limits apply</u>) – agenda required		
	2) including <u>official guests</u> for business meeting or event that furthers the educational mission of the campus (<u>limits apply</u>) – agenda or flyer required		
	3) For morale-building and appreciation activities that serve a business purpose (limited to 12 times per year and excludes personal milestones such as retirement, farewell, birthday, baby, etc.) (requires Dean, VP or designee approval) (limits apply)		

MEAL: (check all that apply)

O Breakfast (\$30 max per person)

O Lunch (\$35 max per person)

O Dinner (\$60 max per person)

OLight Refreshments (\$20 max per person)

OCampus-wide/public event (cost per-person

V/A)

REQUIRED: Please provide justification as to the reason why a meal is a necessary and integral component of this event or meeting and attach agenda if available.

✓ Please indicate the nature of the expense by checking the appropriate item(s) and funding source to be use		tion Allowable ding Source
Other:	Account #	Object Code
<u>Promotional Item</u> s. (For Gift Cards Use Gift Card Purchase Form)		
Awards or Prizes to students for academic excellence (subject to IRS reporting and Financial Aid reporting) or to employees for exceptional contributions, including length of service official award presentation (no food or beverage) for at least 5 years of service (subject to IRS reporting)		
ITEM TYPE: Tangible Gift. For Gift Cards or Gift Certificates, Use Gift Card Purchase Form		
Incentive for participation in research funded survey/study, <u>door prize</u> drawing, Toro Rewards, or distribution of Campus Food Pantry meal vouchers (<u>subject to reporting</u>)		
ITEM TYPE: Tangible Gift. For Gift Cards or Certificate, Use Gift Card Purchase Form		
Entertainment services for public event or meeting with business purpose (décor, equipment and venue rental, music, performers)		
Entertainment event (tickets, recreational, sporting) (requires Executive Director or designee appro	oval)	
Sponsorship involving attendance at community event (attendee info required below)		
Not allowable with State funds; may be allowable with other Foundation funds in accordance with policies	Account #	Object Code
Alcoholic Beverages & Tobacco Products		
Gifts (gift basket, flowers, cards, CSUDH promotional items) for anyone for bereavement, retirement, farewell, get well, thank you, appreciation, recognition, etc. ITEM TYPE: Tangible Gift. For Gift Cards or Meal Vouchers Use Gift Card Purchase Form		
Membership in social organization		

Participants/recipients/attendees and their department, organization, or affiliation. If Tangible Gift was purchased describe the Gift and state the Gift Amount.

Check this box if hospitality is campus-wide or o	pen to the pu	blic. If not, complete the chart below.	
Check this box if hospitality is being provided to the chart below. (requires Executive Director or			er and complete
NAME (May be substituted with sign-in shee	DEPT/ORGANIZATION/AFFILIATION clude their department, organization, or affiliation)		
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	Appro	oval	
Account Name:		Account Number:	
Authorized Account Signer Name:			
Signature: Date:			
Date.			
or Grants and Contracts: Post-Award Approval			
Name:	Signature:		Date:
P/Dean/Dept. Head (E.D., E.P. Director) approv nd the Purchase of Alcoholic Beverages	al is require	d for Promotional Items, Awards, Prizes,	Incentives, Gifts,
Name:	Signature:		Date:
oundation Executive Director or Designee approtal request of \$2500 or more and for entertainignificant other:	-		
Name:	Signature:		Date: