## INDIANA UNIVERSITY SOUTHEAST HOSPITALITY PAYMENT FORM

SUBMIT TO ACCOUNTING SERVICES (US-103) TWO WEEKS PRIOR TO THE EVENT UNLESS RECEIPTS ARE REQUIRED.

1.	Name of Event:		Date of E	Date of Event:	
	Event Location:		Estimated Cost:		
2.	Attendance Information				
	# of IU Faculty:	# of IU Staff:	# of IU St	tudents:	
	# of Non-IU Individuals: Affiliation with IU:  Alumni  Community  Parents  Other  Please select an event type.				
3.					
	FYS Social Popco	orn Fund Ca	ndidate Recruitment	t	
	FYS SOCIAL Class Nun *Faculty may request up to \$60 per class	mber (i.e. COAS-S 104): _ ss section. <i>ITEMIZED AND</i> .		Section Number: RECEIPTS REQUIRED.	
	☐ IU Southeast Conference & Catering Please provide Facility Reservation #:				
4.					
	P-Card Who approves the KFS P-card documents for your card?				
	Name of Requestor		Department/Scho	pol	
	Signature of Requestor		Date		
FOR AC	COUNTING USE ONLY				
	Signature of Approver		Date		
ACCOU	NT: 0850514 SUB-ACCOUNT:	SUB-O	OBJ CODE:	_	