

Indiana University Southeast

Hospitality Request Form

Submission of this form is required only if the hospitality expense for your event/activity will be \$10,000 or more.

NOTE: Hospitality requests for contract and grant accounts (4* & 5* accounts) will not be subject to review by the campus, as approval for hospitality expenses is granted directly by the agency.

Fiscal Year	Current Date	Name of Event or Activity

Requested by:

Name	Extension	Department	Org Code

Please choose the type of hospitality expense that relates to your event:

- Meals or refreshments served during business meetings
- Meals for visitors, guests, donors, prospective employees, or students
- University receptions and functions

Please describe the business purpose for the event and the meals/refreshments to be provided:

Where will the event take place?

Who is the intended audience and how many are expected? (Enter estimated #s below)

of IU Faculty: _____ # of IU Staff: _____ # of IU Students: _____
of Non-IU Individuals: _____ → Affiliation with IU: Alumni Community Parents Other
(Check all that apply)

What is the budget for this event? \$ Proposed Event Date:

The hospitality request form must be reviewed/signed by your account manager.

Account Manager: _____
Signature Date

For Accounting Services Use Only

Fiscal Officer: _____
Signature Date