



**San Francisco State University
REQUEST FOR PAYMENT / REIMBURSEMENT OF HOSPITALITY EXPENSES**

PAYEE INFORMATION

PAYEE NAME (Last, First)		SFSU ID# / VENDOR ID#	
ADDRESS		FORM 204:	ON FILE <input type="checkbox"/> ATTACHED <input type="checkbox"/>
ADDRESS CONT		PREPARED BY:	EXT:
CITY		CHECK DISTRIBUTION: MAIL <input type="checkbox"/>	PICKUP <input type="checkbox"/>
STATE	ZIP + 4	CALL AT EXT:	

DESCRIPTION OF ACTIVITY

DATE OF EVENT:	PURCHASE ORDER #	LOCATION:
TYPE OF EVENT / BUSINESS PURPOSE:		
NAME OF OFFICIAL HOST:		

PARTICIPANTS / GUEST(S) OR RECIPIENT(S) OF AWARD(S)

NUMBER OF PARTICIPANTS:		
NOTE: ATTACH LIST OF NAMES, TITLES AND AFFILIATION IF THE GROUP IS 25 OR LESS PARTICIPANTS		
NAME(S)-USE SEPARATE SHEET IF NEEDED	TITLES(S)	AFFILIATION / ORGANIZATION (OR SFSU DEPT)

DESCRIPTION OF ITEM(S)

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CHARTFIELD INFORMATION

ACCOUNT	FUND	DEPT ID	PROGRAM	CLASS	PROJECT	AMOUNT
						\$ _____
						\$ _____
TOTAL						\$ _____

CERTIFICATION / AUTHORIZATION TO PAY

I CERTIFY THAT THIS IS A TRUE STATEMENT OF ENTERTAINMENT / MEETING EXPENSES INCURRED FOR OFFICIAL UNIVERSITY BUSINESS IN ACCORDANCE WITH THE UNIVERSITY POLICY ON HOSPITALITY, AND THAT THE ABOVE EXPENSES ARE APPROPRIATE AND ALLOWABLE CHARGES TO, AND AUTHORIZE PAYMENT FROM THE ABOVE ACCOUNT(S)

REQUESTOR:	DEPARTMENT:	SIGNATURE:	DATE:
APPROVING OFFICIAL:	TITLE:	SIGNATURE:	DATE:
ORSP APPROVER:	TITLE:	SIGNATURE:	DATE:

FOR FISCAL AFFAIRS USE ONLY

INVOICE AMOUNT:	CHECK NUMBER:	FOR SCANNING USE ONLY
DATE REQUESTED:	DATE ISSUED:	
PROCESSED BY:	AUDITED BY:	VENDOR #
DISPOSITION OF DOCUMENTS:		NAME:
DISPOSITION OF CHECKS:	SCHEDULE NO:	AMOUNT:
MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/>	DATE PAID:	DATE: