

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	
Foo	d & 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)				
		EQUIRED: Please provide justification as to the re	•		

- O Breakfast (\$30 max per person)
- O Lunch (\$35 max per person)
- O Dinner (\$60 max per person)

Membership in social organization

- OLight Refreshments (\$20 max per person)
- ${\sf OCampus-wide/public\ event\ (cost\ per-person}$

N/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 used: Other:		Foundation Allowable Funding Source	
		Object Code	
<u>Promotional Item</u> s. (For Gift Cards Use Gift Card Purchase Form)			
Awards or Prizes to students for academic excellence (<u>subject to IRS reporting and Financial Aid reporting</u>) or to employees for exceptional contributions, including length of service official award presentation (no food or beverage) for at least 5 years of service (<u>subject to IRS reporting</u>)			
ITEM TYPE: Tangible Gift. For Gift Cards or Gift Certificates, Use Gift Card Purchase Form			
Incentive for participation in research funded survey/study, door prize drawing, Toro Rewards, or distribution of Campus Food Pantry meal vouchers (subject to reporting)			
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 approval)			
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

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	open to the p	ublic. If not, complete the chart b	elow.	
Check this box if hospitality is being provided to the chart below. (requires Executive Director o			ignificant other and complete	
NAME (May be substituted with sign-in she	et, but MUST		ATION/AFFILIATION ration, or affiliation)	
	Арр	roval		
Account Name:		Account Number:		
uthorized Account Signer Name:				
gnature: ate:				
or Grants and Contracts: Post-Award Approval			1	
Name:	Signature:		Date:	
P/Dean/Dept. Head (E.D., E.P. Director) appro nd the Purchase of Alcoholic Beverages	val is requir	ed for Promotional Items, Awa	ards, Prizes, Incentives, Gifts,	
Name:	Signature: Date:			
oundation Executive Director or Designee apportal request of \$2500 or more and for entertal gnificant other:	-		-	
Name:	Signature:		Date:	