



Supplier business meals and related expenses form

Select one of the first two options depending on how item was purchased.

Expense type — select one	Supplier name
<input type="checkbox"/> Paid by an ASU Purchasing Card. <input type="checkbox"/> Paid by personal funds. <input type="checkbox"/> Direct supplier invoice.	

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Event location	Event date

Business or public purpose — please explain the purpose. Justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available.

Cost center plus program, gift, grant or project worktag	Purchase order number, if applicable	Total amount

Attendee list — attach an additional sheet if necessary

State the approximate number of attendees and the ASU department or affiliation if a large group is present at an event and an attendee list is unavailable.

ASU students, faculty or staff		
Name	Department	Title
1.		
2.		
3.		
4.		
5.		
Other attendees	Affiliation	Title
1.		
2.		
3.		
4.		
5.		



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Required certification

There are no reimbursements for alcoholic purchases on university accounts. Attach an itemized receipt to the supplier invoice for reimbursements of \$40 a person.

I certify that no reimbursement for alcoholic purchases is being requested.

		ADD YOUR SIGNATURE	
Requester's name	Phone	Signature	Date

Required approvals

Direct inquiries to	Signature	Date
Cost center manager's name — printed	Signature	Date
Dean or director's name — printed	Signature	Date
Other name, if required — printed	Signature	Date

ONLY FILL OUT FEILDS THAT I
HAVE GIVEN EXAMPLES FOR.