

Financial Services

Business Meals and Related Expenses Form

Type of Expense:					
Off-Campus:					
Select one -	Catering	University	Aramark/	Aramark/	Aramark/
1) Paid with personal funds or	Services	Club	ASU West	ASU	ASU DTC
charged to personal credit card. OR		Vendor Code:	Vendor Code:		Vendor Code: DTCFOOD
	Vendor Code:	UNIVCLUB	ASUWFOODS	Polytechnic Vendor Code:	
2) Paid by ASU purchasing card	FOODSERV		A30WI OOD3	vendor Code: FOODEAST	Ph: 602-496-7607
or direct vendor payment. No	Db. F 6F00	Ph: 5-0700	Ph: 3-3663	IOODLASI	Fax: 602-496-6760
reimbursement is requested.	Ph: 5-6508 Fax: 5-7137	Fax: 5-0440	Fax: 3-7777	Ph: 7-1440	
-	FdX. 3-/13/		Ιαλ. 5 7,7,7	Fax: 7-1442	
	Reservation #:	Member Name:		1 dx. 7 ± =	
	1000.700.	1 4 l- o.v. # .			
		Member #:			
Location of Event:				Event	:Date:
	aasa ayalain tha	nublic nurnoso If	anh. ACII ama		
Business (Public) Purpose (Ple					ire present at the meai,
clearly justify why this expend	diture is appropr	iate. Attach an ag	enda/program	when available):	
Accounts	DO # /:f a a alica	la la V.		Tatal	A see a contr
Account: PO # (if applicable):			Total Amount:		
List of Attendees (Attach add	litional sheet if n	ecessary):			
ASU Faculty, Staff or Student	ts				
Name		partment		Title	
		partificit		Title	
1.					
2.					
3.					
4.					
5.					
Other Attendees					
	1 4.5	C-11- 1-1			
Name	Af	filiation		Title	
1.					
2.					
3.					
4.					
5.					
If a large group is present at	an event and an	attendee list is no	ot available, sta	te the approxima	te count of
attendees and ASU departme	ent or affiliation.				
•					
No voimbourous aut fou alook	alia mmahaaaa ia	مرينس مما ممانست			mts
No reimbursement for alcoh	•		rsity accounts.	For reimburseme	nts over \$40 per person,
attach itemized receipts to the	ne online paymeı	nt voucher (PV).			
Required Certification – I cer	rtify that no reim	bursement for a	lcoholic purcha	ses is being soug	ht.
Requester's Name	Phone No		•		Date
nequester sivame	1 Hone No	. Jigilai	luie		Date
Denvised Assessed					
Required Approvals		T			T -
Direct Inquiries To:		Signat	Signature		Date
Authorized Account Signer Name (Pr	·int)	Signat	ture		Date
Dean or Director (If Required) Name (Print)			Signature		Date
Other (If Required) Name (Print)			Cignoture		Data
Other (III nequired) Name (Fillin)			Signature		Date