

Type of Expense:

| | |
|--|--|
| Select one - <input type="checkbox"/> 1) Paid by ASU Purchasing Card OR <input type="checkbox"/> 2) Direct supplier invoice | Name of Supplier: *Form not needed for employee reimbursement |
|--|--|

| | | |
|--|------------------------------|----------------------|
| Location of Event: | Event Date: | |
| Business (Public) Purpose (Please explain the public purpose. If only ASU-employed personnel are present at the meal, clearly justify why this expenditure is appropriate. Attach an agenda/program when available): | | |
| Cost Center plus Program, Gift, Grant or Project Worktag: | PO # (if applicable): | Total Amount: |

List of Attendees (Attach additional sheet if necessary):

| ASU Faculty, Staff or Students | | |
|---------------------------------------|-------------|-------|
| Name | Department | Title |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Other Attendees | | |
| Name | Affiliation | Title |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASU department or affiliation.

No reimbursement for alcoholic purchases is allowed on university accounts. For reimbursements over \$40 per person, attach itemized receipts to the supplier invoice.

Required Certification – I certify that no reimbursement for alcoholic purchases is being sought.

| | | | |
|------------------|-----------|-----------|------|
| Requester's Name | Phone No. | Signature | Date |
|------------------|-----------|-----------|------|

Required Approvals

| | | |
|---|-----------|------|
| Direct Inquiries To: | Signature | Date |
| Cost Center Manager Name (Print) | Signature | Date |
| Dean or Director (If Required) Name (Print) | Signature | Date |
| Other (If Required) Name (Print) | Signature | Date |