

HOSTING FORM

THIS FORM MUST BE COMPLETED WHEN CHARGING A DEPARTMENTAL OR GRANT ACCOUNT FOR HOSTING AT UNIVERSITY FACILITIES. IT MAY BE USED AS AN ATTACHMENT IN BUYWAY AND FOR JV, CREDIT CARDS, DIRECT PAYS AND PURCHASE ORDERS.

Date of Function ____/____/____ Location _____

Department _____

Description of Meal:

- Breakfast
- Lunch
- Dinner
- Other (Specify)

Number of Attendees:

- _____ Faculty/Staff
- _____ Students
- _____ Other

Names and Business Relationship: _____

If Large Group, Name: _____

Business Purpose: (Check appropriate box and provide details)

- | | |
|---|--|
| <input type="checkbox"/> Staff Recognition | <input type="checkbox"/> Conference (Provide Conf. Name) |
| _____ | _____ |
| <input type="checkbox"/> Seminar Speaker | <input type="checkbox"/> Prospective Employee |
| Name _____ | Name _____ |
| Topic _____ | Position _____ |
| <input type="checkbox"/> Student Recruitment Activity | <input type="checkbox"/> Student Academic Achievement |
| _____ | _____ |
| <input type="checkbox"/> Other: _____ | |

Index	Account	
_____	153031	University Guests
_____	153011	Student Hospitality
_____	153021	Staff Hospitality

Information provided by:

(Signature)

Date ____/____/____

