

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 WORKDAY AND FOR JV, CREDIT CARDS, DIRECT PAYS AND PURCHASE ORDERS.

Date of Function: _____ Location: _____

Department: _____

Description of Meal:

Number of Attendees:

- Breakfast
- Lunch
- Dinner
- Other (Specify) _____

_____ 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
Name _____
Topic _____ | <input type="checkbox"/> Prospective Employee
Name _____
Position _____ |
| <input type="checkbox"/> Student Recruitment Activity
_____ | <input type="checkbox"/> Student Academic Achievement
_____ |
| <input type="checkbox"/> Other: _____ | |

DEFAULT WORKDAY ACCOUNTING INFORMATION:

Cost Center: _____ Fund: _____ Program: _____ Campus: _____ Other Worktags: _____

Information Provided By: _____ Signature: _____

Date: _____

