

Hospitality Documentation Form

Name of Function: _____

Contact Person: _____ Phone # _____

Location of Function: _____

Date(s) of Function: _____

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ _____
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/ _____	\$ _____
OTHER/ _____	\$ _____
TOTAL	\$ _____

PURPOSE/JUSTIFICATION OF FUNCTION:

FUNCTION ATTENDEES:

- If 20 or less, you must list individual names on this form
- If over 20, you must attach a separate list of attendees
The function is open to the public and no registration or sign in sheet is available.

of Students _____ # of Faculty _____ # of Staff _____ # of Guests _____

Employee recognition or training? Yes No

If yes, ELT Level Signature: _____

For on campus events, is Aladdin providing the hospitality? Yes No

If no, Aladdin Signature: _____

Approvals: *(I have read and understand the Hospitality guidelines, and attest that this event is in compliance with it.)*

Function Representative Signature: _____ **Date** _____

CFO/CPO Signature: _____ **Date** _____