

**Indiana University South Bend
Hospitality Request Form**

Note: Contracts & Grants Administration has final approval for all grant-related expenses.

Contact Information

Contact Name:

E-mail:

Campus Phone:

Event Information

Coordinator:

Name of Function:

Date of Function:

Start:

End:

Time of Function:

Start and end times are required if your event is longer than a half day.

Start:

End:

Event Location:

Fee (if applicable):

Purpose of Event:

Detailed Description:

Event Attendance Information

of IU Faculty:

of IU Staff:

of IU Students:

of Non-IU Individuals:

Other Guest Affiliation:

Guest Description:

Account and Financial Expense Information

Source of Funding:

Vendor:

Account Number:

Estimate/Actual Amount:

****If IU Foundation Funds, describe how event serves donor intent**

Signatures/Approvals

***** The Hospitality Request Form must be signed by the required approvers at least (2) weeks prior to incurring the hospitality expense. *****

Requestor:

Signature

_____ Date

Chancellor, Vice Chancellor,
CIO, or Dean:

Signature

_____ Date

Campus Fiscal Officer:

Signature

_____ Date

Policy I-50: <http://www.indiana.edu/~vpcfo/policies/accounting/i-50.html>

COMPLETED BY FISCAL AFFAIRS ONLY:

Tax exempt? Yes No

Exclude delivery, etc.? Yes No