



Supplier business meals and related expenses form

Expense type select one: Initial & last four digits 1. Paid by ASU Purchasing Card. 2. Paid by personal funds. 3. Direct supplier invoice.	Supplier name:
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Event location:	Event date:
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Business or public purpose | Please explain the public purpose. Clearly justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available:

Academic Employee:	Department Reporting:
Cost Center + Program, Gift, Grant or Project Worktag:	PO#, if applicable: Total amount:

Attendees list | Attach an additional sheet if necessary:

ASU students, faculty or staff		
Name	Department	Title
1.		
2.		
3.		
4.		
5.		
Other attendees		
Name	Affiliation	Title
1.		
2.		
3.		
4.		
5.		

State the approximate number of attendees and ASU department or affiliation if a large group is present at an event, and an attendee list is not available.

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

Required certification — I certify that no reimbursement for alcoholic purchases is being requested.

Requester's name:	Phone:	Signature:	Date:
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Required approvals

Direct inquiries to:	Signature:	Date:
Print cost center manager name:	Signature:	Date:
Print dean or director name, if required:	Signature:	Date:
Print other name, if required:	Signature:	Date: