



Supplier business meals and related expenses form

Expense type — select one	Supplier name
<input type="checkbox"/> Paid by an ASU Purchasing Card. <input type="checkbox"/> Paid by personal funds. <input type="checkbox"/> Direct supplier invoice.	

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Event location	Event date
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Business and public purpose - provide purpose and benefit to ASU. Justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available.

Cost center plus program, gift, grant or project worktag	Purchase order number, if applicable	Total amount (gratuuity no more than 20% allowed)

Attendee list — attach an additional sheet if necessary

State the approximate number of attendees and the ASU department or affiliation if a large group is present at an event and an attendee list is unavailable.

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



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Required certification

There are no reimbursements for alcoholic purchases on university accounts. Attach an itemized receipt to the supplier invoice for reimbursements of \$40 a person.

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

Requester's name	Phone	Signature	Date

Required approvals

Direct inquiries to	Signature	Date
Cost center manager's name — printed	Signature	Date
Dean or director's name — printed	Signature	Date
Other name, if required — printed	Signature	Date