HOSPITALITY APPROVAL FORM

DATE: __________________________

PERMISSION IS REQUESTED TO USE __ASMSU - RSO __________________________ FUNDS
(Department Name & Account Number)

FOR __________________________________________________ DATE: _____________________
(Refreshments, Breakfast, Lunch, Dinner)

FUNCTION

NAME OF GUEST (S) OR GROUP AT FUNCTION _________________________________________

NUMBER OF PERSONS FROM __________________________ AND __________________________
(Other Units, Etc.) (MSU)

OFFICIAL HOST: __________________________________ AMOUNT REQUESTED __________
($30.00 or More)

DEPARTMENT HEAD APPROVAL _ (Trish in OAE ofc.signs) _______ DATE __________

DEAN/VP APPROVAL ___ (Not Required) ______________ DATE ______________
(Must be signed if amount exceeds $50.00 or more than one MSU representative is present.)

OFFICE OF SPONSORED PROGRAMS APPROVAL ________________________________
DATE ______________________________
(Valid for FUNDS 426XXX through 429999 and 4WXXXX)

*****THE HOSPITALITY APPROVAL FORM MUST BE APPROVED PRIOR TO THE DATE OF
THE EVENT.

NOTE: ALL EXPENSES MUST MEET THE GUIDELINES IN THE MSU BUSINESS
PROCEDURES MANUAL