

SAN FRANCISCO STATE UNIVERSITY FOUNDATION, INC.

P.O. BOX 320160, SAN FRANCISCO, CA 94132-0160

REQUEST FOR PAYMENT / REIMBURSEMENT OF HOSPITALITY EXPENSES

D.C. # _____

PAYEE INFORMATION

PAYEE NAME (Last, First) _____ ADDRESS _____ CITY, STATE _____ ZIP _____	SSN/FEDERAL TAX ID # _____ CHECK DISTRIBUTION MAIL PICKUP CALL AT EXT EXT
PREPARED BY _____	

DESCRIPTION OF ITEM(S)/ ACCOUNT INFORMATION

DESCRIPTION OF ITEM		ACCOUNT #		
CHARGE TO FUND NAME		ACCOUNT TITLE		
DESCRIPTION OF ITEM		ACCOUNT #		
CHARGE TO FUND NAME		ACCOUNT TITLE		
DESCRIPTION OF ITEM		ACCOUNT #		
CHARGE TO FUND NAME		ACCOUNT TITLE		
PURCHASE ORDER #				TOTAL

NOTE: IF NO PO, ORIGINAL RECEIPTS MUST ACCOMPANY THIS FORM

DESCRIPTION OF ACTIVITY

DATE: _____ TYPE OF EVENT _____ LOCATION _____

BUSINESS PURPOSE: _____

PARTICIPANTS/QUESTS OR RECIPIENT(S) OF AWARD (S)

NAME(S)-USE SEPARATE SHEET IF NECESSARY	TITLE(S)	AFFILIATION / ORGANIZATION (OR SFSU DEPT)

CERTIFICATIONS

I CERTIFY THAT THIS IS A TRUE STATEMENT OF ENTERTAINMENT/MEETING EXPENSES INCURRED FOR OFFICIAL UNIVERSITY BUSINESS IN ACCORDANCE WITH THE UNIVERSITY POLICY ON HOSPITALITY

OFFICIAL HOST	SIGNATURE	DEPARTMENT	DATE
SUPERVISOR OF OFFICIAL HOST	SIGNATURE	TITLE	DATE

AUTHORIZATIONS TO PAY

I CERTIFY THE ABOVE EXPENSES ARE APPROPRIATE AND ALLOWABLE CHARGES TO, AND, AUTHORIZE PAYMENT FROM, THE ABOVE ACCOUNT(S)

REQUESTOR/HOST/PI	SIGNATURE	DEPARTMENT	DATE
APPROVING OFFICIAL	SIGNATURE	TITLE	DATE

ACCOUNTING USE ONLY

Vendor: _____	Acct: _____	Inv Nbr: _____
Inv Date: _____	Inv Amt: _____	Rept Amt: _____
Dup Inv: _____	Spec Msg: _____	

Date Received By Foundation	Approved For Allowability	Date Received By A/P Dept.	E/P Processing
	By: _____ Date: _____		By: _____ Date: _____

