|  |  |
| --- | --- |
|  | Financial Services |
| **BUSINESS MEALS AND****RELATED EXPENSES FORM** |

Type of Expense:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [ ]  **Off-Campus:****Select one -**[ ] 1) Paid with personal funds or charged to personal credit card.OR[ ] 2) Paid by ASU purchasing card or direct vendor payment. No reimbursement requested. | [ ]  **Sodexho Sports & Leisure**Vendor Code:  ICAFOODPh: 5-7050Fax: 7-6190Reservation #:  | [ ]  **Catering Services**Vendor Code:  FOODSERVPh: 5-6508Fax: 5-7137Reservation #:  | [ ]   **University Club**Vendor Code:  UNIVCLUBPh: 5-0700Fax: 5-0440Member Name:Member #: | [ ]  **Aramark/****ASU West**Vendor Code: ASUWFOODSPh: 3-3663 Fax: 3-7777 | [ ]  **Aramark/****ASU Polytechnic**Vendor Code: FOODEASTPh: 7-1440Fax: 7-1442 | [ ]  **Aramark/****ASU DTC**Vendor Code: DTCFOODPh: 602-496-7607Fax: 602-496-6760 |

|  |  |
| --- | --- |
| Location of Event:  | Event Date:  |
| Business (Public) Purpose (Please explain the public purpose. If only ASU employed personnel are present at the meal, clearly justify why this expenditure is appropriate. Attach agenda/program when available): |
| Account:  | PO # (if applicable):  | Total Amount:  |

List of Attendees (Attach additional sheet if necessary):

|  |
| --- |
| **ASU Faculty, Staff or Students** |
| Name | Department | Title |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |
| 5.  |  |  |
| **Other Attendees** |
| Name | Affiliation | Title |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |
| 5.  |  |  |

If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASU department or affiliation.

**No reimbursement for alcoholic purchases is allowed on University accounts. For reimbursements over $40 per person, attach itemized receipts to the on-line payment voucher (PV).**

**Required Certification** – **I certify that no reimbursement for alcoholic purchases is being sought.**

|  |  |  |  |
| --- | --- | --- | --- |
| Requester’s Name | Phone No. | Signature | Date |

**Required Approvals**

|  |  |  |
| --- | --- | --- |
| Direct Inquiries To: | Signature | Date      |
| Authorized Account Signer Name (Print) | Signature | Date |
| Dean or Director (If Required) Name (Print) | Signature | Date |
| Other (If Required) Name (Print) | Signature | Date |