|  |  |
| --- | --- |
|  | 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:  ICAFOOD  Ph: 5-7050  Fax: 7-6190  Reservation #: | **Catering Services**  Vendor Code:  FOODSERV  Ph: 5-6508  Fax: 5-7137  Reservation #: | **University Club**  Vendor Code:  UNIVCLUB  Ph: 5-0700  Fax: 5-0440  Member Name:    Member #: | **Aramark/**  **ASU West**  Vendor Code:  ASUWFOODS  Ph: 3-3663  Fax: 3-7777 | **Aramark/**  **ASU Polytechnic**  Vendor Code:  FOODEAST  Ph: 7-1440  Fax: 7-1442 | **Aramark/**  **ASU DTC**  Vendor Code:  DTCFOOD  Ph: 602-496-7607  Fax: 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 |