H.

HOSPITALTY JUSTIFICATION FORM

Business Unit: Payee Type:

This section is not required for ProCard purchases

Date:	Payable to:		Cal Poly Humboldt ID:
Address:			
Department:		Contact:	Ext:

Total Amount:

Line Item Name	Amount	Account	Fund	Dept. ID	Program	Class	Project

Type of Event: Type of Hospitality:

Notes:

Business Purpose of Meeting Event:

Is this a reoccurring meeting?   If yes, how often:

Event Location: Date of Event:

Attendee Name: ☐   Attendee Business Relationship to Campus:

For a large group (> 8 people) where the names of attendees are unknown, a description of group and estimated cost of the meal per attendee is sufficient.

Meal: Cost of Meal per Attendee:

Approval*   **Exception Approval by CFO****

MPP or Department Chair Signature: Signature:

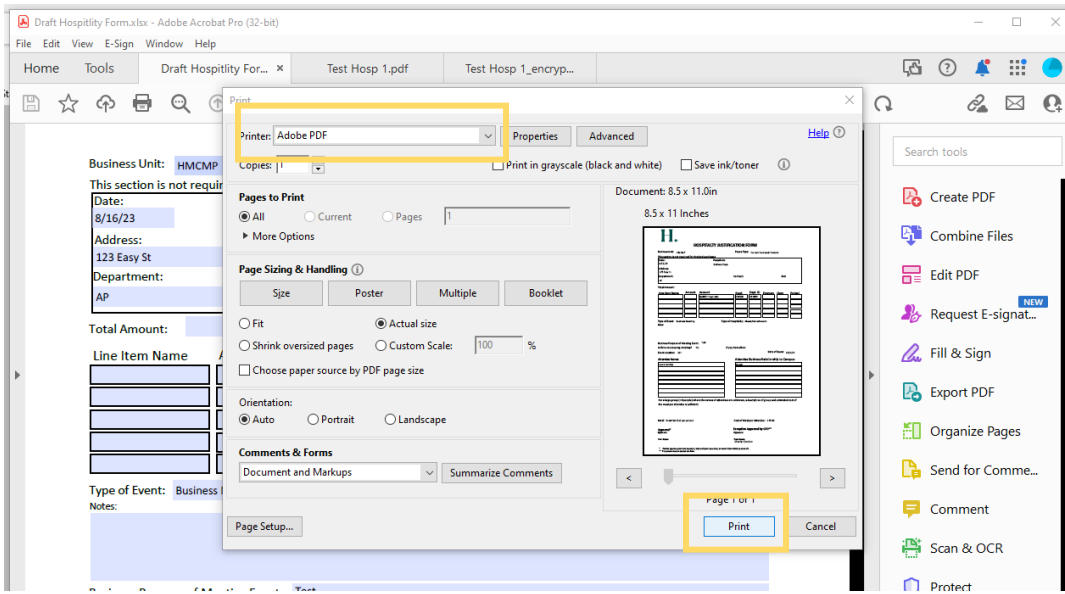Print Name: Print Name:

*   Cannot approve your own expenses, those of your supervisor, or events from which you benefit. Must be signed by MPP or Department Chair.
** Per person meal exceeded the limit.

AdobeSign Routing Instructions

- Once Hospitality Form is filled out "Print" the form and select "Adobe PDF":

- Upload the PDF into AdobeSign to add signature field and route for signature (Resources here for Adobe Guides).
- When all signatures are collected, download the copy from AdobeSign, and "Print" the form to "Microsoft Print to PDF" to remove the encryption (Submit a Help Ticket if you do not already have "Microsoft Print to PDF"). **Encryption must be removed** before combining into ProCard Reconciliation or submitting for Direct Pay.
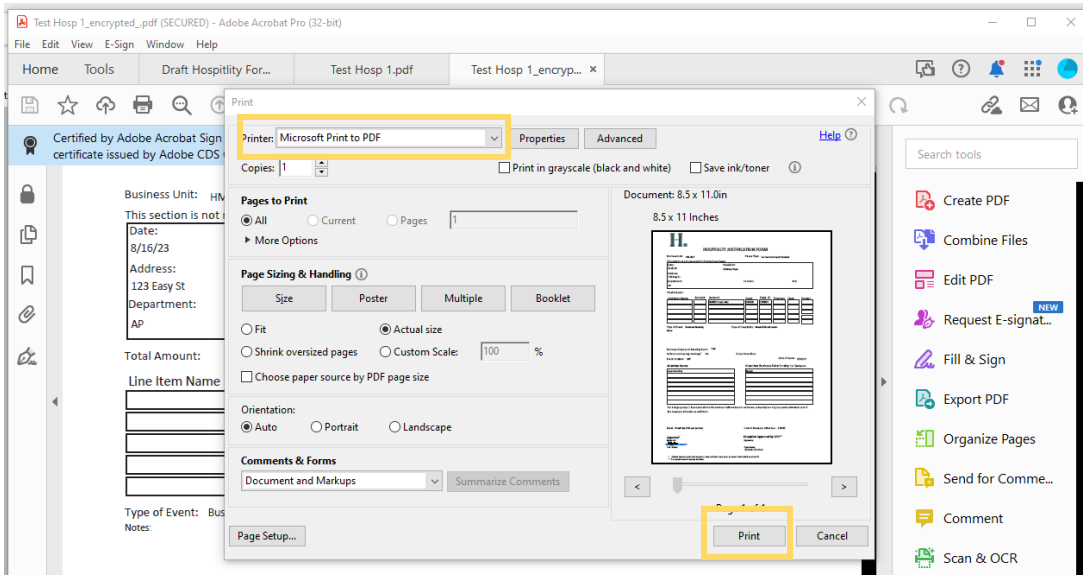
ProCard Reconciliation: Once encryption is removed, you can add this signed form into your ProCard Reconciliation.

Direct Pay: Once encryption is removed, combine form and all supporting documentation into a single PDF and email to humboldt.invoices@trustflowds.com.