

REQUEST FOR PAYMENT/REIMBURSEMENT OF HOSPITALITY EXPENSES

CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
(562) 985-5430

Vendor# _____

Payable to (Payee)

Are you a first time payee? If so, complete Sub W-9 Form and return to AP before payment can be made.

Social Security # (last 4 digits) or Federal Tax ID #(all 9 digits)

Include full SSN for new payee or if a recurrent payee, only last 4 digits.
(Failure to disclose this information will delay the processing of this form.)

Check to be distributed as follows:

- U.S. Mail
- Payee/Dept Staff Pick-up _____
Extension _____ Name _____
- ACH Payment (ACH Direct Payment
**Authorization must be on file with the
Foundation 12 days prior to first payment.)**

Payee's Street Address

City, State and Zip

Requestor

Extension

Expenses Charged to: *(Please attach a separate list if necessary.)*

Total Cost: \$ _____ \$ _____		Project # (8 digits)	G/L Line Item # (6 digits)		Purchase Order/Dept Ref. #:	
Date of Event:	Official Host:	Title and Dept/Division:	Time of Event:	Number of Attendees:	Cost per Person ¹ : \$ _____	Check Appropriate Box: Breakfast <input type="checkbox"/> Dinner <input type="checkbox"/> Lunch <input type="checkbox"/> Light Ref. <input type="checkbox"/>
Names of Official Guests/ Business Affiliations: <i>(Attach a list if necessary. If a spouse or equivalent is attending please state the name and relationship to the host or guest.)</i>		Location of Event: Description of Event: <input type="checkbox"/> Event was hosted while traveling on business. <i>(Please submit copy of the Travel Claim Form.)</i>		Explain how the event/occasion is in the best interests of the University/Foundation: <i>(Please attach a separate statement, is necessary.)</i>		

I certify that the expenses incurred for Official University/Foundation business purposes are in accordance with the Internal Revenue Service guidelines and University/Foundation policy on hospitality. I certify that if there are other payees for this event that the total cost, including other payees, is not more than the allowable rates indicated.

Payee's or Requestor's Signature

Date

AUTHORIZATION TO PAY ALLOWABLE EXPENSES

Department Chair/Manager/Director

Date

College/Unit ASM/Division Fiscal Office

Date

Division Executive/Dean

Date

AUTHORIZATION FOR EXCEPTIONS TO THE POLICY

(Must be at the level of Vice President, or higher)

Nature of Exception: <input type="checkbox"/> Expenses in Excess of Authorized Rates <input type="checkbox"/> Other <i>(explain):</i>	
Amount of Exception: \$ _____	Justification <i>(Please explain how the exception is necessary and how it serves the University or Foundation business purpose, attach a separate statement if necessary.):</i>
Exception Expenses Charged to: <i>(Please attach a separate list if necessary.)</i>	

For Foundation Use Only

Hospitality Policy Approval:
 Confirms to Policy Requires Exception
A/P Technician Approval/Date _____

Allowability Approval/Date _____

Approved By: _____
Name Title Signature Date

¹ Cost should not exceed maximum rates per person. Please see Instructions page for the schedule of maximum rates.

INSTRUCTIONS
REQUEST FOR PAYMENT/REIMBURSEMENT OF HOSPITALITY EXPENSES
 CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION
 (562) 985-5430

A Request for Payment/Reimbursement of Hospitality Expenses must be completed whenever food or beverages are served for the purpose of extending hospitality in connection with Official University and/or Foundation business. This form is used for payment/reimbursement of hospitality expenses. Certain expenditures for food and related items, which are an integral part of the grant, i.e., a training grant that includes lunch for students or a "Food Bank" type of operation, may be exempt from Hospitality Expenditures. Please provide a copy of the budget and/or award narrative which indicates that food expenditures are an integral part of the grant.

Please fill out form completely, incomplete forms will be returned to claimant for completion. Attach the original receipt or invoice to an 8-1/2" x 11" sheet of paper with the completed form. Claims will not be reimbursed without the required supporting documentation. Receipts must be original and dated and taped to the paper, do not use staples.

Please keep a copy of the voucher form and the receipts for your files. If necessary, attach a separate list of attendees.

PAYABLE TO (PAYEE) and SOCIAL SECURITY # OR FEDERAL TAX ID #- Name and either Social Security Number or Federal Tax ID Number of person or organization to receive payment. If a first time payee, complete and submit a Substitute W-9 form before payment will be made. The form may be downloaded from our website, www.foundation.csulb.edu, click on forms. Therefore payment may not be processed without the Social Security or Federal Tax ID number of the payee.

PAYEE'S ADDRESS - Street, city, state, and zip code for payee. Post office boxes are not allowable.

REQUESTOR, EXT., and DIVISION/DEPARTMENT - Name, phone extension, and division/department of the person completing the form or requesting a payment.

DATE OF EVENT/LOCATION OF EVENT - The date and location of the event. (i.e., mm/dd/yyyy-Jimmy's Restaurant, Long Beach, CA)

OFFICIAL HOST and TITLE - The full name and title of the event host. Official Host is an employee representing the University/Foundation who hosts a meeting, conference, or event.

NUMBER OF OFFICIAL GUESTS- The total number of people in attendance at the event, including host. Please attach an additional sheet if necessary with names and business affiliations. Official Guest is a person who renders a service to the University/Foundation or is present at a University/Foundation meeting, conference, or event at the invitation of the person authorized to host the activity, including employees from another work location.

COST PER PERSON -Total cost of event divided by number of attendees. The overall per person amount must not exceed the *Maximum* rates allowed for hospitality. *Maximum* rates include tax and service (i.e., tips). These rates do not include the rental of meeting or conference facilities, which may be charged as an additional expense. The reimbursement for a buffet reception cannot exceed the applicable meal allowance associated with the type of buffet, i.e., breakfast, lunch, or dinner. If the cost per person exceeds the maximum rate, please complete Authorization for Exceptions to the Policy and include justification (bottom portion of this form).

<u>Meal</u>	<u>Maximum Rates</u>
Breakfast	\$23.00
Lunch	\$34.00
Dinner	\$58.00
Light Refreshment	\$15.00

DESCRIPTION OF EVENT - The type of event, e.g., reception, luncheon, dinner, meeting, etc.

NAMES OF OFFICIAL GUESTS/BUSINESS AFFILIATIONS - A list of attendees including their name, business or campus affiliation, etc. Please attach a separate sheet, if necessary.

BENEFIT TO UNIVERSITY/FOUNDATION -A notation identifying how the event benefited the University/Foundation business purpose.

PROJECT #, G/L LINE ITEM #, Purchase Order # and COST - Provide the project number being charged. Provide the Line Item General Ledger Account Number being charged within the project (see Chart of Accounts). Provide the Purchase Order number (i.e., PO#F11111), if available. If there is no Purchase Order # you may use this space for a department reference number. These reference numbers are supplied by the project to simplify the reconciliation of the monthly reports. The Foundation will key in these numbers when paying the request. These numbers will appear on the transaction's reference line on the monthly report. Use of the department reference number is optional. Provide the dollar amount charged for that Line Item Account Number. The last two digits of the G/L Line Item Number are designated by the Foundation as zeros; however, the Project may make arrangements with the Foundation to use these numbers to define expenses for tracking purposes. If there is more than one project charged or more than one Line Item Account Number charged, use as many lines as there are individual charges. For example:

Project # (8 digits)	G/L Line Item # (6 digits)	Purchase Order #	Amount
<u>06 XXXXXX</u>	<u>646000</u>	<u>F11111</u>	<u>\$25.00</u>
<u>06 XXXXXX</u>	<u>646000</u>	<u>F22222</u>	<u>\$75.00</u>

SIGNATURE OF PAYEE OR REQUESTOR - The voucher form must be signed by the authorized payee (for payment of personal reimbursement) or by Requestor (for payment to a vendor) and the appropriate backup documents must be submitted. The party authorizing the payment (e.g., Vice President or College Dean) must sign to signify approval.

AUTHORIZATION TO PAY EXCEPTIONS

NATURE OF EXCEPTION/JUSTIFICATION OF EXCEPTION - An explanation of why higher costs were unavoidable and necessary to achieve the University/Foundation business purpose. The fact that actual costs exceed the authorized rates is not in itself adequate justification for a higher reimbursement rate.

EXCEPTION EXPENSES CHARGED TO - Provide the project number being charged.

APPROVAL OF EXCEPTION - Must have authorization from the Vice President level or higher.