



Supplier business meals and related expenses form

<b>Expense type — select one</b>	<b>Supplier name</b>
<input type="checkbox"/> Paid by an ASU Purchasing Card. <input type="checkbox"/> Paid by personal funds. <input type="checkbox"/> Direct supplier invoice.	

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<b>Event location</b>	<b>Event date</b>

**Business or public purpose — please explain the purpose. Justify why this expenditure is appropriate if only ASU-employed personnel are present at the meal. Attach an agenda or program when available.**

<b>Cost center plus program, gift, grant or project worktag</b>	<b>Purchase order number, if applicable</b>	<b>Total amount</b>

**Attendee list — attach an additional sheet if necessary**

State the approximate number of attendees and the ASU department or affiliation if a large group is present at an event and an attendee list is unavailable.

<b>ASU students, faculty or staff</b>		
<b>Name</b>	<b>Department</b>	<b>Title</b>
1.		
2.		
3.		
4.		
5.		
<b>Other attendees</b>	<b>Affiliation</b>	<b>Title</b>
1.		
2.		
3.		
4.		
5.		



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**Required certification**

There are no reimbursements for alcoholic purchases on university accounts. Attach an itemized receipt to the supplier invoice for reimbursements of \$40 a person.

**I certify that no reimbursement for alcoholic purchases is being requested.**

<b>Requester's name</b>	<b>Phone</b>	<b>Signature</b>	<b>Date</b>

**Required approvals**

<b>Direct inquiries to</b>	<b>Signature</b>	<b>Date</b>
<b>Cost center manager's name — printed</b>	<b>Signature</b>	<b>Date</b>
<b>Dean or director's name — printed</b>	<b>Signature</b>	<b>Date</b>
<b>Other name, if required — printed</b>	<b>Signature</b>	<b>Date</b>