

Type of Expense:

<input type="checkbox"/> Off-Campus: Select one - <input type="checkbox"/> 1) Paid with personal funds or charged to personal credit card. OR <input type="checkbox"/> 2) Paid by ASU purchasing card or direct vendor payment. No reimbursement is requested.	<input type="checkbox"/> Sodexo Sports & Leisure Vendor Code: ICAFOOD Ph: 5-7050 Fax: 7-6190 Reservation #:	<input type="checkbox"/> Catering Services Vendor Code: FOODSERV Ph: 5-6508 Fax: 5-7137 Reservation #:	<input type="checkbox"/> University Club Vendor Code: UNIVCLUB Ph: 5-0700 Fax: 5-0440 Member Name: Member #	<input type="checkbox"/> Aramark/ASU West Vendor Code: ASUWFOODS Ph: 3-3663 Fax: 3-7777	<input type="checkbox"/> Aramark/ASU Polytechnic Vendor Code: FOODEAST Ph: 7-1440 Fax: 7-1442	<input type="checkbox"/> 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 an 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 online 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