Type of Expense:

Financial Services

**Business Meals and Related Expenses Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Off-Campus:** |  |  |  |  |  |  |  |  |  |  |  |
| **Select one -** | **Catering** | **University** | **Aramark/** | **Aramark/** | **Aramark/** |
| 1. Paid with personal funds or

charged to personal credit card. OR1. Paid by ASU purchasing card or direct vendor payment. No reimbursement is requested.
 | **Services** Vendor Code: FOODSERVPh: 5-6508Fax: 5-7137 | **Club**Vendor Code:UNIVCLUBPh: 5-0700Fax: 5-0440 | **ASU West**Vendor Code:ASUWFOODSPh: 3-3663Fax: 3-7777 | **ASU****Polytechnic** Vendor Code: FOODEASTPh: 7-1440 | **ASU DTC**Vendor Code: DTCFOODPh: 602-496-7607Fax: 602-496-6760 |
| Reservation #: | Member Name: | Fax: 7-1442 |
| Member #: |

|  |  |
| --- | --- |
| 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 |

**RequiredApprovals**

|  |  |  |
| --- | --- | --- |
| 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 |

Revised10-23-2014