



IUPUI

FINANCIAL SERVICES

INDIANA UNIVERSITY—PURDUE UNIVERSITY
Indianapolis

Request for Payment/Reimbursement for Hospitality

RC: _____ Dept: _____ PO/DV Number: _____

RECEIPTS SHOULD BE ATTACHED TO THIS FORM.

1. **Business/Person to be reimbursed:** _____.

Address: _____.

2. **Amount of reimbursement requested:** \$ _____.

3. **Date and Place of Function:** _____.

4. **Nature of function (give detail):** _____.

5. **Purpose/Benefit to the University:** _____.

_____.

6. **Number of persons attending: (A list of Attendee's is also required)**

University Employees _____.

Students _____.

Non University _____.

Affiliation of non-employee attending: _____.

_____.

7. **Type of Hospitality:**

___ Student Organization (4028) ___ Conference & Workshop(4026) ___ Other (4025)

___ Auxillary (4868) ___ Student Recruiting (4046) ___ Fac/Staff Recruiting (4047)

8. **Signature of Fiscal Officer or Designee:**

_____.

Date Submitted: _____.