

IUPUI
OFFICE OF
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) ___ Contract & Grant (4027)

___ Conference & Workshop (4026) ___ Auxiliary (4868) ___ Other (4025)

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

_____.

Date Submitted: _____.