



Skylight Cafe

Hosting Expense Form

Dated vendor invoice/Receipt attached: Yes No

If internal please specify either: Cafe 5101

Business Reason for hosting expenditure: _____

Date of hosting event: _____

Location of hosting event: _____

Who is being hosted? (List names or include sign in sheet) Mark external participants.

If participant funded (i.e., food is included with ticket price) provide supporting documentation. (Copy of ticket, brochure, flyer, etc.)

Host expenditure is charged to Object Code 250180 (XX-XX-XXX-XXXX-250180).



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Department Manager or Associate Dean Required:

Printed Name: _____

Signature: _____

Date: _____

Where required: Vice President that approved this hosting cost. Include this form with Check Request.

VP Signature/President: _____

If Perkins, was approval obtained from Perkins Coordinator

If Grant Funded (Fund 14) please list name of grant coordinator/manager that approved this hosting event. _____

**** Attach this fully completed form and any additional information or supporting documentation to your Check Request Form.

Requestor Signature: _____

Date: _____

Requestor Printed Name: _____