

Hospitality H148

Student Activities H168

Hospitality Documentation Form

SPENDING UNIT NAME/ORG# West Virginia State University / 0490

NAME OF FUNCTION _____

CONTACT PERSON _____

E-MAIL ADDRESS _____ PHONE NUMBER _____

LOCATION OF FUNCTION _____

DATE(S) OF FUNCTION _____

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$	
MEETING ROOM	\$	
EQUIPMENT RENTAL	\$	
LODGING	\$	
OTHER/	\$	
OTHER/	\$	
TOTAL	\$	

PURPOSE/JUSTIFICATION OF FUNCTION:

FUNCTION ATTENDEES
If 20 or less, you must list individual names on this form
If over 20, you must attach a separate list of attendees

The function is open to the public and no registration or sign in sheet is available

of students _____ # of faculty/staff _____ # of guests _____

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

I have read and understand the Hospitality guidelines and attest that this function is in compliance with it.

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
CFO/CPO

DATE