



**IUPUI**  
**FINANCIAL SERVICES**  
INDIANA UNIVERSITY—PURDUE UNIVERSITY  
Indianapolis

Request for Payment/Reimbursement for  
**Hospitality**

RC: \_\_\_\_\_ Dept: \_\_\_\_\_ PO/DV/PCard #: \_\_\_\_\_

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) \_\_\_ Other (4025)

\_\_\_ Auxillary (4868) \_\_\_ Student Recruiting (4046) \_\_\_ Fac/Staff Recruiting (4047)

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

\_\_\_\_\_ .

Date Submitted: \_\_\_\_\_ .