REQUEST FOR OFFICIAL HOSPITALITY

Date: _	······			
To:	Cindy Bontrager Vice President for Adn 105 Anderson Hall	nin and Financ	e	
From:				
	pproval is requested for project:	payment of the		Estimated Cost:
Name	of Official Function:			
Functi	ion Date:			
Hospit	tality Provided (meals,	gifts, entertaiı	1ment):	
Person	s Attending: <u>Name</u>		Title	Employer
(Use a	n attached list if more spa	ace is needed.)		
I agree	that "No state employee	s receiving me	eals under this policy are	claiming subsistence".
Benefi	t to be derived from thes	e expenditures	:	
Depart	ment Authorization:			
	Department Authorized	l Signature	Department Contact	Phone Number
Depar	tment Authorization:	0	1	
	Department Head/Chai	r/Director	Date	