



## SPF HOSPITALITY FORM FOR PROCARDS

Business Unit: **HMSPF**

Payee Type:

Event Title:

Associated ProCard Line Numbers:

Total Amount:

**You may complete one 'SPF Hospitality Form for ProCards' per event, but a copy of the completed form must be inserted behind each associated receipt in your ProCard reconciliation packet.**

**For gift card purchases, a [Gift Card Disbursement Log](#) must also be included in your reconciliation packet.**

Type of Event:

Type of Hospitality:

Notes:

Business Purpose of Meeting Event:

Is this a reoccurring meeting?

If yes, how often:

Event Location:

Date of Event:

Attendee Name:

Attendee Business Relationship to Campus:

**For a large group (> 8 people) where the names of attendees are unknown, a description of group and estimated cost of the meal per attendee is sufficient. Enter the description of the group here:**

Select Meal:

Actual Cost of Meal per Attendee:

**Authorized Project Signer \***

**Exception Approval by SPF Executive Director\*\***

Signature:

Signature:

Print Name:

Print Name:

\*The Authorized Project Signer cannot approve their own expenses; the next one-up who did not benefit from the event should sign.

\*\* SPF ED approval only needed when the per-person meal cost exceeds the policy limit.