



# INDIANA UNIVERSITY

INDIANAPOLIS

## Request for Payment/Reimbursement for Hospitality

RC: \_\_\_\_\_ Dept: \_\_\_\_\_ Doc Number: \_\_\_\_\_

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) \_\_\_ Conference & Workshop(4026) \_\_\_ Other (4025)

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

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

\_\_\_\_\_.

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