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| --- | --- |
|  | Financial Services |
| **BUSINESS MEALS AND**  **RELATED EXPENSES FORM** |

Type of Expense:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Off-Campus:**  **Select one -**  1) Paid with personal funds or charged to personal credit card.  OR  2) Paid by ASU purchasing card or direct vendor payment. No reimbursement requested. | **Sodexho Sports & Leisure**  Vendor Code:  ICAFOOD  Ph: 5-7050  Fax: 7-6190  Reservation #: | **Catering Services**  Vendor Code:  FOODSERV  Ph: 5-6508  Fax: 5-7137  Reservation #: | **University Club**  Vendor Code:  UNIVCLUB  Ph: 5-0700  Fax: 5-0440  Member Name:    Member #: | **Aramark/**  **ASU West**  Vendor Code:  ASUWFOODS  Ph: 3-3663  Fax: 3-7777 | **Aramark/**  **ASU Polytechnic**  Vendor Code:  FOODEAST  Ph: 7-1440  Fax: 7-1442 | **Aramark/**  **ASU DTC**  Vendor Code:  DTCFOOD  Ph: 602-496-7607  Fax: 602-496-6760 |

|  |  |  |  |
| --- | --- | --- | --- |
| Location of Event: **BYAC** **150, Brickyard, Mill Avenue** | | | Event Date: 3**/26/2015** |
| Business (Public) Purpose (Please explain the public purpose. If only ASU employed personnel are present at the meal, clearly justify why this expenditure is appropriate. Attach agenda/program when available):  **"SQL" tutoring seession was intended to acquaint to students with the fundamentals of Databases. This topic is of great importance in computer science departments and will help students in their projects and careers. This will also increase collaboration and engagement of students with each other and a community of people helping each other.** | | | |
| Account: | PO # (if applicable): | Total Amount: **$58.05** | |

List of Attendees (Attach additional sheet if necessary):

|  |  |  |
| --- | --- | --- |
| **ASU Faculty, Staff or Students** | | |
| Name | Department | Title |
| 1. **Rajat Aggarwal** | **CIDSE** |  |
| 2. **Pramodh Natarajan** | **CIDSE** |  |
| 3. **Sanjana** | **CIDSE** |  |
| 4. **Ankita Chandak** | **CIDSE** |  |
| 5. **Abhinav** | **CIDSE** |  |
| **Other Attendees** | | |
| Name | Affiliation | Title |
| 1. **+25 graduate students attendees** |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASU department or affiliation.

**No reimbursement for alcoholic purchases is allowed on University accounts. For reimbursements over $40 per person, attach itemized receipts to the on-line payment voucher (PV).**

**Required Certification** – **I certify that no reimbursement for alcoholic purchases is being sought.**

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| --- | --- | --- | --- |
| Requester’s Name  **Rajat Aggarwal** | Phone No.  **480-519-5668** | Signature | Date  **03-26-2016** |

**Required Approvals**

|  |  |  |
| --- | --- | --- |
| Direct Inquiries To: | Signature | Date |
| Authorized Account Signer Name (Print) | Signature | Date |
| Dean or Director (If Required) Name (Print) | Signature | Date |
| Other (If Required) Name (Print) | Signature | Date |