

Financial Services **Business Meals and Related Expenses Form**

Type of Expense:				
Select one -				
1) Paid by ASU Purchasing Card OR		Name of Supplier:	Name of Supplier: Test Supplier Inc.	
2) Direct supplier invoice				
		*Form not needed	for employee re	eimbursement
Location of Event:			Event Dat	e:
Business (Public) Purpose (Please exp	se. If only ASU-employed pe	nly ASU-employed personnel are present at the meal,		
clearly justify why this expenditure is appropriate. Attach an agenda/program when available):				
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purpose stamping. This is a test of the business purpose stamping. This is a test of the				
business purpose stamping. List of Attendees (Attach additional sheet ifnecessary):				
ASU Faculty, Staff or Students				
Name	Department		Title	
1.				
2.				
3.				
4.				
5.				
Other Attendees				
Name	Affiliation		Title	
1.	Aimation		TICIC	
2.				
3.				
4.				
5.				
	t and an attended list	is not available, state the a	nnrovimato col	unt of
If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASUdepartment or affiliation.				
attendees and Asodepartment of anniation.				
No action by the control of the cont				
No reimbursement for alcoholic purchases is allowed on university accounts. For reimbursements over \$40 per person,				
attach itemized receipts to the supplier invoice.				
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Required Certification – I certify tha			eing sought.	Data
Requester's Name	Phone No.	Signature		Date
RequiredApprovals				
Direct Inquiries To:		Signature		Date
2 350qui 163 10.				
Cost Center Manager Name (Print)		Signature		Date
Dean or Director (If Required) Name (Print)		Signature		Date
Other (If Required) Name (Print)		Signature		Date