Indiana University-Purdue University at Indianapolis
Request for Payment/Reimbursement for Hospitality

RC:_________________________ Dept:______________________________________

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)   ___ Contract & Grant (4027)
   ___ Conference & Workshop (4026) ___ Auxiliary (4868)    ___ Other (4025)

8. Signature of Fiscal Officer or Designee:

   ____________________________________________________________________

Date Submitted: _________________.