

Indiana University Northwest Hospitality Request Form

Contact Information

Contact Name: _____ E-mail: _____ Campus Phone: _____ Dept: _____

Event Information

Coordinator: _____ Name of Function: _____

Date of Function: Start: End: _____

Time of Function: Start: _____ End: _____

Start and end times are required if your event is longer than a half day.

Event Location: _____ Fee (if applicable): _____

Purpose of
Event:

Detailed
Description:

*(limit 400
characters)*

Projected Event Attendance Information

of IU Faculty: _____ # of IU Staff: _____ # of IU Students: _____ # of Non-IU Individuals: _____ Total: _____

Other Guest
Affiliation:

Account and Financial Expense Information

Source of

Funding:

Vendor:

Account Number:

Sub-Account:

Object Code:

***Maximum of 2 accounts, please include attachment with account breakdown**

Estimated Transaction Amount:

Actual Transaction Amount *(if known)*:

Signatures/Approvals

*****The Hospitality Request Form needs to be received by Fiscal Affairs no later than 15 business days before an event.*****

Requestor/Coordinator _____ Signature _____ Date _____

Additional Signature (if applicable) _____ Signature _____ Date _____

Chancellor, Vice Chancellor, CIO or Dean _____ Signature _____ Date _____

VC for Finance or Dir. of Acctng Svcs _____ Signature _____ Date _____

Policy I-50: <http://policies.iu.edu/policies/categories/financial/accounting-administration/FIN-ACC-I-50-allowable-hospitality-expenses.shtml>

IUN Procedures: <http://www.iun.edu/fiscal-affairs/financial-procedures/index.htm>

COMPLETED BY FISCAL AFFAIRS ONLY: Tax exempt? Yes No