

## Hospitality Approval Form Montana State University-Northern

**This form must be completed anytime a meal or light refreshment is provided during seminars, workshops, professional meetings or conferences. Hospitality expenses which exceed an aggregate of \$100.00 must be approved prior to the event, by the requestors supervisor.**

Date of Meeting/Event: \_\_\_\_\_

Index Number to Charge: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose: \_\_\_\_\_

(Must be business related) \_\_\_\_\_

Name of Guests or \_\_\_\_\_

Group at Meeting: \* \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department Head/  
Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**When completed, attach this form with all required documentation and the itemized invoice(s)/receipt(s) to the Chrome River expense report or to the reimbursement BPA request.**