

# HOSPITALITY EXPENDITURE APPLICATION FORM

Notes
<ol style="list-style-type: none"> <li>1. This form is to be used only when the school/Department is paying for the hospitality expenditure.</li> <li>2. Prior written approval must be obtained from an authorised approver before the expenditure is incurred.</li> <li>3. The completed form must be attached to the invoice for payment, or the purchasing card statement for clearance.</li> <li>4. Refer to the Expenditure on Hospitality Policy and Procedures for approval authority.</li> </ol>

Part 1 Details of the Employee Applying to Incur Hospitality Expenditure			
School/REO/Cost Centre			
Name of Employee		Contact	
Position		Email	

Part 2 Type and Purpose of Hospitality			
Tick the appropriate box	Provide reasons for the hospitality		
Official Entertainment	<input type="checkbox"/>		
Working Meal	<input type="checkbox"/>		
Official Event	<input type="checkbox"/>		
Social Function	<input type="checkbox"/>		
Location of the event		Date of Event	

Part 3 Proposed Hospitality Expenditure Details			
Cost Component	Description (itemise)		Cost
Food and Non-alcoholic Beverages			
Alcoholic Beverages			
Other			
<b>Total Cost (with GST)</b>			
<b>Total Cost Per Person (with GST)</b>			
Where food is served?	At the event (tick) <input type="checkbox"/>	If else where (specify)	

Part 4 Number of Attendees (For FBT purpose)	
Number of Employees (including employees' partners/spouses/family members if applicable)	
Number of Non-Employees	

Part 5 Approval			
<p>Before approving, approver must consider if the requested expenditure is justifiable. Is there a business need for the expenditure? Will it stand up to public scrutiny? Is the amount excessive? Are the types of food and beverages to be served appropriate to the occasion?</p>			
Application for the above hospitality expenditure is (Approved/Not Approved):			
If approved, are there any conditions attached to the expenditure? (Yes or No)			
If Yes, specify the conditions:			
Name of Approver	Signature	Position	Date

**RETURN FORM TO THE APPLICANT**