



# Hospitality Expenditures Reimbursement Request

DATE: \_\_\_\_\_

Payee's Social Security # \*\* \_\_\_\_\_ XXX-XX-\_\_\_\_\_  
\*\* Last four digits of Social Security number required for individuals only  
or Valparaiso Univ. I.D. # \_\_\_\_\_

Payee: \_\_\_\_\_

Mail To: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Or Return To: \_\_\_\_\_ (For Delivery via Campus Mail)

Charge To Budget Account No. \_\_\_\_\_ When Needed: \_\_\_\_\_  
*Be specific*

**Event Details-Attach information if additional space is needed**

Meeting or Event: \_\_\_\_\_

Date of Meeting or Event: \_\_\_\_\_

Business purpose: \_\_\_\_\_

Guest Attendees: \_\_\_\_\_

\_\_\_\_\_

Employee Attendees: \_\_\_\_\_

\_\_\_\_\_

Reimbursement Amount \_\_\_\_\_

Less Advance \_\_\_\_\_

Net Reimbursement \_\_\_\_\_ 0.00

**(Attach itemized receipts and other supporting documentation)**

Payee (Print) \_\_\_\_\_ Person in Authority (Print) \_\_\_\_\_

Payee Signature \_\_\_\_\_ Person in Authority Signature \_\_\_\_\_

Person Requisitioning: \_\_\_\_\_

\_\_\_\_\_  
Vice President, Administration & Finance

*Space Below This Line To Be Filled Out By Finance Office ONLY:*

\_\_\_\_\_  
Budget Approved

\_\_\_\_\_  
Audited By