

Hospitality Expense Documentation

Event Details

Date of Event	_____
Location	_____
Purpose of Hospitality	_____
Name of Host	_____
Department/Unit	_____

Guest Details

No.	Name	Organization	Relationship to Host/Company
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Expense Details

Date	Description	Vendor	Amount (USD)	Receipt Attached
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total			_____	

Declaration

I hereby certify that the above expenses are accurate, valid, and incurred in accordance with the organization's hospitality policy.

Name of Claimant	_____
Signature	_____
Date	_____

Important Notes

- Ensure all receipts and supporting documents are attached to this form.
- State the specific purpose and business relevance of the hospitality event.
- List all guests, including their affiliations and relationship to the organization.
- Expenses must comply with company policy and approval limits.
- Incomplete forms may delay reimbursement or result in rejection.

