

**Employee Business Meetings** 

**Fundraising** 

**Employee Morale and Recognition** 

## **Hospitality Authorization Form**

**Business Unit:** State/Foundation

Please note the following:

- One (1) form is required per event
- An event which takes place over multiple consecutive days is considered one event
- One (1) form may be submitted for multiple dates of the same event type

Requestor Info			
Full Name: Requestor Name	CSUSM Email: Requestor Email		
Department: Name of the department putting of	on the event		
Hospitality/Event Info			
Description/Title of Event or Program: organized by	source fair and other compassion related events are y our office. We also host tables at off campus conferences matters of well-being.		
Please explain the business purpose of this expense and the benefit to the CSU:	ss purpose and benefit to the University		
Event Start Date: 02/06/2023	Event End Date: 02/28/2023		
Location/Venue of Event: CSUSM campus and oth	ner various locations		
Attendee or Recipient Type (Please check all that ap	ply)		
Donor	Spouse or Domestic Partner		
Faculty, State and Auxiliary Staff, Student Assistan	nts Student		
✓ Official Guests	Student Athlete		
Research Participant	Other		
Will there be Food and Beverage at this event? No Will there be Alcoholic Beverages at this event? No Are gift cards part of the event? No			
Hospitality Categories and Funding Information (Ple	ease check all that apply)		
Awards and Service Recognition	Memberships in Social Organizations (Auxiliary funding only)		
Bereavement Gift Expenditures	Participation Incentives – Research funded survey/study or student participation in events		
Community Relations	Participation Incentives – other (Auxiliary funding only)		
Donor Gifts	Professional Conference, Meeting, or Reception		

**Promotional Items** 

Recreational and Sporting Events (Athletics only)

Student Recruitment, Engagement, or Recognition

<b>Chartfield Infor</b>	mation							
Number of Cha	rtfields: 1	**If you have r	**If you have more than 3 Categories and/or Chartfields, please attach Excel file.					
1. Payment N	Method: ProCa	rd (Must be allow	ed per ProCard	guidelines)				
	Fund	Dept	Program	Class	Project	Amount		
	00000	0000				\$ 2000.00		
Vendor(s): 4 Ir	mprint and othe	er university appro	oved printers					
2. Payment N	Лethod:							
	Fund	Dept	Program	Class	Project	Amount		
						\$		
Vendor(s):		•				•		
3. Payment N	Лethod:							
	Fund	Dept	Program	Class	Project	Amount		
						\$		
Vendor(s):		,	,	1	•	•		
				Hospitality Exp	enses Estimate:	\$ 2000		

## Required Attachments if applicable or if not previously attached:



Please attach an agenda, flier, invitation, or event announcement and for smaller events, a list of attendees.

If this is a Catering event, please attach the Catering estimates/quotes for all expenditures and cost per person. \*\*Please note that ALL Caterers must be selected from the <u>CSUSM Corporation Approved Caterers List</u>.

## **Reminders:**

Please make sure to choose an allowable payment method based on procedures/guidelines (e.g. Use ProCard as first option for allowable items, no Direct Pay for services, Purchase Order for services and anything with an agreement.)

Direct Pay – An approved copy of this form must be attached to the <u>Direct Pay Form</u>

ProCard – An approved copy of this form and the itemized receipt for purchases must be attached to the monthly reconciliation statement

If using a catering service other than Sodexo over \$250.00 a First Right of Refusal is needed from Sodexo.

If providing promotional items or participation incentives that cannot be fulfilled by the bookstore and that have a CSUSM logo, wording, lettering, or imply affiliation with CSUSM a First Right of Refusal is needed from the bookstore.



 $\cancel{k}$  I have read the information above and acknowledge that I have the responsibility to complete future actions



AT CSU SAN MARCOS

February 1, 2023

This hospitality form is to request approval to purchase trademarked, promotional items for campus events that the Shiley Haynes Institute for Palliative Care at CSUSM office coordinates. We also host tables at conferences held off campus to promote our office/services. The value of each promotional item will not exceed \$25 per person, per event.

With these expenditures we shall replenish our supply of branded promotional give-away items that we use to publicize and advertise our activities as a campus teaching, learning, and community education institute with a mission of advancing palliative care education, training, and access. We offer these items to students, staff, faculty, and community members at events where we table, share informational brochures, and provide community education on palliative care and advance care planning. These giveaway items are needed for events like our own annual campus events (The What Gives Your Life MeaningTM campaign and our yearly Palliative Care Professional Conference); statewide CSU events, like the annual CSUSHIPC National Symposium For Academic Palliative Care Education and Research upcoming in early March 2023; and local community education events, such as the biannual SD County LiveWell "Successful Aging" events and local city-sponsored wellness and healthcare resource fairs.). These expenditures are needed due to low supply of goods and above all due to the rebranding of our office from the "Institute for Palliative Care at CSUSM" to the "Shiley Haynes Institute for Palliative Care at CSUSM." Thanks to the Shiley Foundation's generous philanthropic support of our statewide, sister Institute, we are obliged to update our own branded giveaway items. As the world reopens from the pandemic, we need to be prepared for our participation in multiple community education events in which we participate. These expenditures will keep us in adequate supply of promotional materials for the next 1-3 years. We would like to invest in these resources while we have funds available. Thank you for your cooperation and consent.