HOSPITALITY EXPENDITURE REQUEST FORM

This request MUST be submitted to the Department of Student Life via e-mail, a minimum of 10 working days prior to the event. Please be aware that this is for orientations, large presentations, workshops, and speaker lectures catering to MDC students.

Date: ___/___/____

Requested by: ___________________________   E-mail Address: ___________________________

Event: ___________________________   Event Date: ___________________________

Event Time: ___________________________   Event Location: ___________________________

Department Name: ___________________________

Purpose: ___________________________

Number of Participants who are MDC Students (ONLY): ______

Number of MDC faculty/staff: ________

Number of Participants who are guests (not affiliated with MDC) ________

Please choose one:

__ Morning Event refreshments: ___________________________
__ Afternoon Event refreshments: ___________________________
__ Evening Event refreshments: ___________________________

Specify Source:

__ Student Life Vendor
__ Outside Vendor

If you are using an outside vendor fill-out the following:

Name of proposed vendor: ___________________________   Proposed cost: $__________

Signature of Department Head / Organization Advisor ___________________________   Signature of Requestor ___________________________

Student Life Approval

Comments: ___________________________

Amount approved: $__________ Amount spent: $__________   Date: ___/___/____

Signature of Director of Student Life or Program Coordinator ___________________________   Date: ___/___/____

Signature of Director of Student Life or Program Coordinator ___________________________   Date: ___/___/____

*Approval is at the discretion of the Student Allocation and Programming Board.