

MIAMI DADE COLLEGE
WOLFSON CAMPUS
Department of Student Life

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: \$ _____

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.**