



THE UNIVERSITY CORPORATION, SF STATE
 1600 HOLLOWAY, SAN FRANCISCO, CA 94132
Request for Payment/Reimbursement of Hospitality Expenses

D.C. No: _____
 Date: _____

Account 660950	Fund -----	Department -----	Project (Grants only) 980 -----
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FUND NO. _____
 PROJECT CONTACT: _____
 CONTACT PHONE #: _____

If payable to SFSU, please indicate University account or Invoice # _____

Check Distribution/Special Handling:

Mail to payee's address
 Hold/Call for Pickup
 Phone: _____
 Other: _____

MAKE CHECK PAYABLE TO:

CLAIMANT/COMPANY: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE: _____

Legal resident of the United States?
 Yes _____ No -- see below _____

Immigration Status: F-1 _____ J-1 _____ Other _____

If NO, this payment is subject to 38% withholding. PLEASE COMPLETE FORM 1042-S.

THIS FORM IS NOT TO BE USED FOR PAYMENT OF EMPLOYEE TRAVEL COSTS AND MAY ONLY BE USED FOR THE FOLLOWING

PREPAYMENT	DIRECT PAYMENT	REIMBURSEMENT
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DESCRIPTION OF ACTIVITY

Date of Activity: _____ Description of Activity: _____
 Business Purpose: _____

 Number of Participants: _____ Location: _____

For more than 3 and fewer than 26 participants, page 2 of this form MUST be completed.

Per/Person Cost: _____
 Amount Requested: _____

PARTICIPANTS / GUESTS / GIFT RECIPIENTS

NAME(S) - Use separate sheet in necessary	TITLE(S)	AFFILIATION/ORGANIZATION/SFSU DEPARTMENT

I CERTIFY THESE EXPENSES ARE VALID, THAT THEY ARE RELATED TO THE OBJECTIVES OF THE PROJECT, AND THAT THE ATTACHED RECEIPTS ARE ORIGINAL.

AUTHORIZED SIGNATURE _____	DATE _____	CLAIMANT'S SIGNATURE _____	DATE _____
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ACCOUNTING USE ONLY

Vendor: _____	Acct: _____	Inv Nbr: _____
Inv Date: _____	Inv Amt: _____	Rept Amt: _____
Dup Inv: _____	Spec Msg: _____	

Above \$5,000 _____ Director of Administration & Finance, UCorp	Above \$25,000 _____ Executive Director, UCorp
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Date Received By UCorp: _____	Approved For Allowability: By: _____ Date: _____	Date Received by A/P Dept: _____	E/P Processing By: _____ Date: _____
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The University Corporation, San Francisco State

PO Box 320160

San Francisco, CA 94132

Hospitality - List of Participants

Date:

Description:

Location:

	N A M E	J O B T I T L E	O R G A N I Z A T I O N / A F F I L I A T I O N
1	<i>see page 1</i>		
2	<i>see page 1</i>		
3	<i>see page 1</i>		
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Note: If there are more than 25 participants, this page is not required. Please provide a count on page 1.