Colorado State University

Authorized Business Function Form

Colorado State University

Who attended the event. List Names (if more than ten, list the number and categories (for example "15 students and 20 faculty members"):

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____

When : Please note the date(s) of the event: _____

Where: Please note where the event was held: _____

What was the expense:

Breakfast	Lunch	Dinner	Event Registration (CSU hosting)
Coffee Services	Entertainment	Hors d'oeuvres	Facility Rental
Snack			
Other	_____		

Why was the event held:

Working meeting

Training/Prof Development

Student/Guest Hospitality

Employee Recruiting

Student Recruiting

Promotion and Advancement

Recognition Events

Educational Outreach (including students)

Team Building

Were alcoholic beverages served using University Funds?

            Yes   No

Account Nbr: _____

    Gift Funds: 6430000-6499999

    Auxiliary Funds: 2602000-2799999

    (Use Object code 6650)

How did this expense benefit the University:

_____

_____

_____

_____

_____   _____

Authorized Business Function Approver Signature   **Date**