

# HOSTING Groups/Guests/Candidates Form

If requesting a reimbursement please attach to a **Reimbursement Request Form**

Payment To: \_\_\_\_\_ Date & Time of Event: \_\_\_\_\_  am  
 pm

\$ Reimbursement: \_\_\_\_\_ Purpose of Event: \_\_\_\_\_  
(Gratuity must not exceed 15%)

SOU Participants: \_\_\_\_\_  
(Please Print) \_\_\_\_\_  
\_\_\_\_\_

\*Names of Guests: \_\_\_\_\_  
(Please Print) \_\_\_\_\_  
\_\_\_\_\_

**ITEMIZED RECEIPT REQUIRED AND MUST BE ATTACHED** (if not itemized complete section below)

If receipt is NOT itemized a detailed list of what was purchased must be completed and the following statement must be signed by the individual being reimbursed.

Items Purchases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expenses \$ \_\_\_\_\_ Tax \$ \_\_\_\_\_ Gratuity \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(Maximum Allowed 15 %)

X \_\_\_\_\_  
I verify this reimbursement request does not include alcohol.

**All reimbursements must have your supervisor's signature:**

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Printed Name & Title

**\*Employees of OUS are not permitted to be hosted by another OUS employee**