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**Hospitality Policy**

Approved per BD 69-20 | May 26, 2020

**Purpose:** The Hospitality policy establishes guidelines and procedures for funds utilized in respect to hospitality accounts to employees, students, donors, guests, visitors, and volunteers for the purpose of business meetings, corporate functions, and occasions that promote the mission of the Associated Students Inc. either in association with the California State University or independently. In such instances, the expenditures of funds for hospitality should be cost effective and used with best judgement by the approving authority with no personal benefits deriving from them.

**Scope:** This policy applies to all individuals who hold an official ASI position or operate in any capacity for or in the name of the ASI at California State University, San Bernardino.

**Section 1: Compliance**

1. This policy will act in accordance with guidelines, regulations and changes as set forth in the CSU Hospitality Policy. Copies of these policies can be made available upon request.
2. Members of the Associated Students Inc. who are authorized to utilize hospitality funds must adhere to the Conflict of Interest Policy as to avoid any personal benefit from the usage of such funds.
3. The approving authority shall be defined as the Executive Director or their designee. The ASI President and Vice-President of Finance shall have authority to approve or deny hospitality requests.

**Section 2: Hospitality Expense and Request Form**

1. Any member of the Associated Students Inc. who is authorized to utilize hospitality funds must submit a Hospitality Request form (ASI-H-1) before the date of the event in which the funds will be spent. An exception can be made to the deadline requirement in this section with the approval of the Executive Director.
2. Any member of the Associated Students Inc. who has been approved to utilize hospitality funds must complete the Hospitality Expense form (ASI-H-2) no later than (1) week after the approved event. Failure to submit this form or a finding that the ASI funds were used for personal expenses may result in the repayment of funds to the Associated Students Inc. and/or the ineligibility to receive personal reimbursements (if applicable).
3. In order to be considered complete, Hospitality Expense forms that are submitted must include the following attachments:
   1. Original Receipts
   2. List of attendees (First and Last Names)
   3. Agenda of meeting or program of event
4. If any of the items above cannot be provided, a memo must be submitted with an explanation as to why.
5. The Hospitality Request and Expense forms shall be included in this policy and final changes may only be made by the Board of Directors.
6. A record of all these forms and their historical context shall be maintained by the ASI Executive Assistant.

**Section 3. Allowable Expenses**

1. Occasions
   1. When determining whether a hospitality expense is appropriate, the approving authority must evaluate the importance of the event in terms of the costs that will: be incurred, the benefits to be derived from such an expense, the availability of funds, and any alternatives that would be equally effective in accomplishing the desired objectives. Hospitality funds are permitted in these occasions when:
      1. ASI hosts or sponsors business meetings that are directly concerned with the welfare of the ASI;
      2. ASI hosts official guests, including employees visiting from another work location, students, donors, visitors, volunteers and other individuals with an interest in the CSU;
      3. ASI hosts: receptions held in connection with conferences, meetings of student organizations and groups, and events or meetings such as alumni associations;
      4. ASI hosts receptions for the benefit of employee morale; i.e. employee recognition, length of service awards, memorial services, gatherings for employees separating with at least 5 years of service, or retirement presentations;
2. Business Meetings
   1. When a meeting takes place over an extended period of time and the agenda includes a working meal, there may be justification that the meal is integral to the business function.
   2. Meals for business meetings outside of the university are covered through this policy.
   3. If meals are to be provided for the purposes of conducting business meetings, then the amount per meal shall be limited to the specifications as stated within the ASI Financial Policies and Procedures.
3. Recruitment or Corporate Functions
   1. Hospitality provided to students or prospective students may be permitted when it serves for ASI business purposes. Permissible activities may include recruitment/interview efforts, student activities, student programs, student organization events, and student recognition events.
4. Miscellaneous
   1. Auxiliary organization funds may be used to pay for formal awards and service recognition, entertainment services, gifts, membership in social organizations and promotional items to the extent these purchases are not restricted by other applicable laws, regulations, or funding source agreements.

**Section 4. Un-Allowable Expenditures**

1. Hospitality expenses that are of a personal nature and not related to the active conduct of official ASI business will not be paid or reimbursed.
2. Hospitality expenses will not be paid or reimbursed for membership in social organizations, activities or entertainment services that discriminate based on race, color, religion, national origin, ancestry, age, gender, sexual orientation, marital status, veteran status, or disability.
3. Hospitality expenses may not be used to purchase alcohol or tobacco products.

**Section 5. Funding Source**

1. Funds will be allocated annually in compliance with the ASI Financial Policies and Procedures and shall be maintained in a hospitality designated account with the ASI.
2. Funds provided through this account are not guaranteed or required to be funded as it is the sole discretion of the ASI Board of Directors in approving any funds through the annual budgeting process. If such funds cease to exist within this account, the Associated Students Inc. may utilize other means of funding so long as this policy and the ASI Financial Policies and Procedures are adhered to.

**Section 6. Exceptions**

1. Exceptions to this policy may be made upon successful approval by the ASI Executive Director with written justification as to why non-compliance with this policy was unavoidable and necessary. No written justification is required for transactions that have been approved for any events that fall less than the (1) week of the requirement as stated in Section 2 of this policy. In this case, only a Hospitality Request and Expense Form is needed.
2. Exceptions to this policy cannot be granted for the following:
   1. Utilization of funds that violate any Chancellor Executive Orders or directives pertaining to hospitality
   2. Expenses that are lavish or extravagant and do not fall within the scope and purpose of this policy
   3. Expenses that are not in compliance with IRS regulations
   4. Expenses that constitute taxable income to the recipient

**Section 7. Payment Options**

1. The following payment options can be used for hospitality expenses:
   1. Corporate Credit Card
   2. Purchase Orders
   3. Reimbursement through the approval of a Hospitality Expense and Request Form
   4. Checks

***Approved per BD 43-18 | October 9, 2018***

***Approved per BD 69-20 | May 26, 2020***

**Hospitality Request Form (ASI-H-1)**

Hospitality Policy – Section 2

(Must be filled out prior to receiving hospitality funds)

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| 1. **REQUESTOR INFORMATION** | | |
| Full Name: | | Date: |
| Coyote ID: | Extension: | |
| Email Address: | | |

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| 1. **EVENT INFORMATION (**In accordance with the Associated Students Inc. Hospitality Policy and consistent with the mission of the organization, the following hospitality is requested) |
| * 1. Type of Event: |
| * 1. Date of Event: |
| * 1. Purpose of Event (Justification): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Amount Being Requested:   Food: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drinks: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Miscellaneous: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * 1. Method of Payment (Circle One): Check Corporate Card Purchase Order Reimbursement |
| * 1. Is there an exception being made to this request? (If yes, please complete section f) Yes No |
| 1. Reason for Exception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **APPROVAL (**Must be completed and approved to receive funds.) | | |
| * 1. Date Received: | | * 1. Is there an exception? Yes No |
| * 1. Authorizing Name: | | * 1. Title: |
| * 1. Is request approved: | * 1. Signature: Date: | |
| **If the authorizing name in (c) is an officer, please provide authorization of the Executive Director below:** | | |
| Signature: Date: | | |

***Front Desk:***

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| **Received By: Date:** |

**Hospitality Expense Form (ASI-H-2)**

Hospitality Policy – Section 2

(Must be completed after the event has concluded)

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| **EXPENSE REPORT (TO BE COMPLETED AFTER THE EVENT)**  Please attach (all that apply) an agenda, program, receipts and attendance sheet | | | |
| 1. **Is an agenda attached?**   Yes No | 1. **Is a program attached?**   Yes No | 1. **Are receipts attached?**   Yes No | 1. **Is there an attendance sheet?** Yes No |
| 1. **If any documentation is missing from sections a – d, please state why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| 1. **Final Cost: $** | | | |
| 1. **Is there a reimbursement that needs to be processed?** (If yes, please complete a reimbursement form) Yes No | | | |
| **Signature of Requestor: Date:** | | | |

***Front Desk:***

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| **Received By: Date:** |

**(Please attach all necessary documents as stated in Section 2 of this policy)**