Education
University of Windsor

HOSPITALITY PRE-APPROVAL REQUEST

Information

Date Submitted:	
Requester Name:	
Purpose of Request:	
Name of Guest:	
Dates:	

PLEASE NOTE
Requests for hospitality expenses shall be submitted to the Dean before a commitment is made or expenses incurred.

Anticipated Expenses

Type of Expense	Description of Expense	Expected Cost $ CDN
Transportation:		$
Speaker Fee:		$
Lodging:		$
Meals (per diems):		$
Meals (group meals):		$
Other:		$
	Total Estimated Expenses	$

Account to be Charged

		Amount to apply
☐ Research Committee Invited Speaker		$ _____
☐ Research Grant # (specify)	_____	$ _____
☐ Research Grant # (specify)	_____	$ _____
☐ Operating Account	_____	$ _____
☐ Trust Account # (specify)	_____	$ _____

Additional Details

For Office Use Only

Comments:

Approved by:

_____ Print Name

_____ Signature

_____ Date

**Please note that this approval is contingent upon on the availability of sufficient funds in the specified account to be charged.*