



Employee Hosting Report Request

Please note fields are not character limited. Only visible characters will come through to the SSC. Enter additional comments in the notes section, or attach another page to this form. Revised 2/2026

Employee Information	
Uniquename:	Approver Uniquename:
	Shortcode:

Date of Event:	Type of Hosting:
Select Type of Report:	
Was there alcohol? Yes No	

Vendor Information	
Vendor Name:	City: State: TOTAL Amount:

Business Purpose Information
Business Purpose:
<i>For more information on university policies and guidelines, see UM SPG 507.10-1 and Finance's website.</i>

Attendee Name(s):	Title(s):	Affiliation(s):

****If more than 10 people attended your event, attach a list with the same column headers**

Please attach all required receipts

NOTES:

