

Request for Approval of Exceptional Entertainment Expenditures

Type of Event: _____ Breakfast (\$27.00) _____ Light Refreshments (\$19.00)
_____ Lunch (\$47.00) _____ Dinner (\$81.00)

Number of Participants: _____ Participant List Attached? Yes No

Date of Event: _____ Location: _____

Nature of Occasion or Purpose of Meeting: _____

Justification for exceeding established limits (cost is not a justification): _____

Official Host of Event: _____ Title: _____

Unit/Department: _____ Contact Name/#: _____

Room Cost: _____ Service Cost: _____ Food Cost: _____

Total Amount _____ Amount per Person: _____

Will alcoholic beverages or tobacco be purchased? Yes No

(State and Federal Funds may not be used for this purpose)

Chartstring: _____

Fund Name: _____

Requested by: _____ Date of Request: _____

Host Name: _____ Host Unit: _____

Approval by Unit Director: _____ Date: _____

Approval: _____ Date: _____
David Castellanos, VCRO Budget Director