

OUHSC Food and Beverage Exemption Request

DATE : _____

TO : **Jason R. Sanders, MD, MBA**, Senior Vice President and Provost, OUHSC
Ken Rowe, CPA, Senior Vice President, Chief Financial Officer
OfficeoftheProvost@ouhsc.edu

FROM : _____

Allowable Amounts					
Type of Meal	Breakfast	Lunch	Dinner	Reception	TOTAL
Per Person Limit	\$25.00	\$40.00	\$80.00	\$25.00	
Total Amount Paid *					
Number of people attending <i>(list names below)</i>					
Cost per person					
Amount over the limit per person					
Total amount over the limit					
Percentage over the limit					
Chartfield spread use for payment					

**Include Gratuity and any Tax*

Date of the Event: _____

Place of the Event: _____

Type of Event:

<input type="checkbox"/> Recruiting Meals	<input type="checkbox"/> Retirement Functions
<input type="checkbox"/> Business Meals	<input type="checkbox"/> Recognition/Appreciation Functions
<input type="checkbox"/> Working Meals	<input type="checkbox"/> Courtesy Refreshments
<input type="checkbox"/> Student Meals	<input type="checkbox"/> Patients and Research Subjects
<input type="checkbox"/> Other, please explain _____	

Purpose and Outcomes of the Event: (Please Explain)

Full names of meeting attendees: (If more than 10 people, please provide the list of names separately)

- | | |
|----------|-----------|
| 1) _____ | 6) _____ |
| 2) _____ | 7) _____ |
| 3) _____ | 8) _____ |
| 4) _____ | 9) _____ |
| 5) _____ | 10) _____ |

APPROVE

 DENY

Signature: _____

Title: _____

Date: _____