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 : ______________________________

<table>
<thead>
<tr>
<th>Allowable Amounts</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Reception</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Meal</td>
<td>Per Person Limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breakfast</td>
<td>$25.00</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Lunch</td>
<td>$40.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>$80.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reception</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Paid *

Number of people attending (list names below)

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:  
- [ ] Recruiting Meals  
- [ ] Retirement Functions  
- [ ] Business Meals  
- [ ] Recognition/Appreciation Functions  
- [ ] Working Meals  
- [ ] Courtesy Refreshments  
- [ ] Student Meals  
- [ ] Patients and Research Subjects  
- [ ] 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: ______________________________