

OUHSC Food and Beverage Exemption Request

DATE : _____

TO : **Gary Raskob, PhD**, Senior Vice President and Provost, OUHSC
Ken Rowe, CPA, Vice President for Administration and Finance
Jill Raines, JD, Vice Provost, Health Sciences Administration
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: _____