

# OUHSC Food and Beverage Exemption Request

**DATE :** \_\_\_\_\_

**TO :** **Gary Raskob, PhD**, Senior Vice President and Provost, OUHSC  
**Matthew D. Brockwell, MBA**, Senior Vice President and Chief Financial Officer  
**Jill Raines, JD, LLM**, Vice Provost, Health Sciences Administration

**FROM :**

Allowable Amounts					
Type of Meal	Breakfast	Lunch	Dinner	Reception	TOTAL
<b>Per Person Limit</b>	<b>\$25.00</b>	<b>\$40.00</b>	<b>\$100.00</b>	<b>\$25.00</b>	
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:**

Recruiting Meals Business Meals Working Meals Student Meals Other, please explain _____	Retirement Functions Recognition/Appreciation Functions Courtesy Refreshments Patients and Research Subjects
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**Purpose and Outcomes of the Event:** (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Full Names of Meeting Attendees:** (If less than 10 people, please provide the list of names below)

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

**APPROVE**

**DENY**

**APPROVE**

**DENY**

<b>Dean/VP Signature:</b> _____ <b>Print Name:</b> _____ <b>Date:</b> _____
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<b>Provost/VP Signature:</b> _____ <b>Print Name:</b> _____ <b>Date:</b> _____
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\*Prior to submission: College Dean or VP signature is REQUIRED upon submission