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: __________________________

<table>
<thead>
<tr>
<th>Type of Meal</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Reception</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Person Limit</td>
<td>$25.00</td>
<td>$40.00</td>
<td>$100.00</td>
<td>$25.00</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 less than 10 people, please provide the list of names below)

1) __________________________________________ 6) ______________________________
2) __________________________________________ 7) ______________________________
3) __________________________________________ 8) ______________________________
4) __________________________________________ 9) ______________________________
5) __________________________________________ 10) ______________________________

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☐ APPROVE ☐ DENY

Signature: __________________________

Title: __________________________

Date: __________________________

Revised 1/1/24