

OUHC Food and Beverage Exemption Request

DATE : _____

TO : **Gary Raskob, PhD**, Senior Vice President and Provost, OUHC
Jill Raines, DHA, JD, LLM, Vice Provost, Health Administration
Stewart Berkinshaw, MAcc, CPA, Vice President and Chief Financial Officer

FROM :

| Allowable Amounts | | | | | |
|---|----------------|----------------|-----------------|----------------|-------|
| Type of Meal | Breakfast | Lunch | Dinner | Reception | TOTAL |
| Per Person Limit | \$25.00 | \$40.00 | \$100.00 | \$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:

| | |
|---|---|
| Recruiting Meals Business Meals Working Meals Student Meals Other, please explain _____ | Retirement Functions Recognition/Appreciation Functions Courtesy Refreshments Patients and Research Subjects |
|---|---|

Justification, 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

| |
|--|
| Dean/VP Signature: _____ Print Name: _____ Date: _____ |
|--|

| |
|---|
| Provost/VP Signature: _____ Print Name: _____ Date: _____ |
|---|

*Prior to submission: College Dean or VP signature is REQUIRED upon submission