



### Substantiation of Food and Entertainment Expenditures

Date(s) of Event:		Location of Event:	
Estimated Starting and End Time of Event:		Meal Type:	
Type of Event:		If "Other" Event Type, Please Detail:	
Estimated Total F&E Expenditure (do not include room rentals):		Estimated Number of Attendees:	Estimated Per Person Cost of Event:

**FOP Number(s):** *Please add additional FOPs on supporting pages.*

<b>FOP #1:</b>		<b>Dollar amount on FOP #1:</b>	
<b>FOP #2:</b>		<b>Dollar amount on FOP #2:</b>	
<b>FOP #3:</b>		<b>Dollar amount on FOP #3:</b>	
<b>FOP #4:</b>		<b>Dollar amount on FOP #4:</b>	

Will this expenditure include outside sponsorship funding (revenue)? Yes No Amount:

### Alcohol

*All on-campus alcohol services require pre-approval by the President's Office. Signature must be obtained on this form prior to the event.*

Will this expenditure include alcohol beverages?	Yes	No
Will there be anyone under 21 years of age at the event where alcohol is served?	Yes	No
Will there be any TTU students at the event where alcohol is being served?	Yes	No
Has the vendor provided the required liability insurance to Procurement Services?	Yes	No
The host confirms the caterer will provide the TABC bartender in compliance with OP 72.05.	Yes	No
The host confirms the caterer will provide security as required by OP 72.05.	Yes	No
The host confirms that identification will be checked for all attendees in accordance with TABC.	Yes	No
The department is requesting approval from the President for alcohol served on campus.	Yes	No

### Description and Business Purpose

Provide a detailed description of the event and a clear business purpose in compliance with OP72.05:

### Exception

If an exception to OP 72.05 is being requested, **provide a reference to the OP section** the exception is requested and a justifiable reason for the exception. Note exceptions will only be permitted on certain fund types.

## Participant Details

(If more than 25, provide a general description of the participants that supports the business purpose) Provide the name and title of the TTU/TTUS event host on the first line.

Name	Title	Affiliation to TTU/TTUS

## Event Host Certification

I certify that the above information is complete and accurate. As event host, I will be responsible for compliance with all institutional operating policies including, but not limited to, 61.02 and 72.05. I also confirm that I will be responsible for ensuring that any expenditure is permitted on the associated funding type. Approvals must comply with OP 72.05. If the host’s supervisor is present, then approval will be required by the next administratively superior supervisor.

Host Signature (required):		Date:	
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## Approvals

Host’s Supervisor’s Signature (required):		Date:	
Organization Financial Manager (required):		Date:	
Academic Dean’s Signature (if applicable):		Date:	
Provost’s Office (if applicable):		Date:	
VPA&F/CFO’s Signature (required for exceptions):		Date:	
President: (required for alcohol on campus):		Date:	