

SKYVIEWS FOOD FORM

Type of Event: _____

Date: _____ Location: _____

Total Expenditures*: _____

	Yes	No
Will this purchase include alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be anyone under 21 years of age attending?	<input type="checkbox"/>	<input type="checkbox"/>
Will there be any TTU students attending?	<input type="checkbox"/>	<input type="checkbox"/>

If less than 25 people in attendance, please list the name, title, and university affiliation of each attendee:

Name	Title	University Affiliation

Please provide the business purpose of this event:

Name and title of host: _____