

# Entertainment & Events Request Official Occasion Expense Form

Event ID \_\_\_\_\_

**INSTRUCTIONS:** Departments must complete all sections of this form at least 10 business days in advance as a request to hold an event, on or off campus. Receiving all signature approvals will consent the due diligence effort to get all contracts and agreements in order for the event. Submit form to your OOE box or [DellMedFinance@austin.utexas.edu](mailto:DellMedFinance@austin.utexas.edu) to be routed through the proper channels. \*If only submitting an OOE request, complete only Sections 1, 2, & 4.

## Section 1: Department Information

Department:	Requester:	Date:
Account Number:	Payee (Optional):	

## Section 2: Event Information

Event Name:			Vendors to be used:		
Event Date:		Event Time:	Event Location: <input type="checkbox"/> HLB <input type="checkbox"/> SZB <input type="checkbox"/> DPRI <input type="checkbox"/> Other _____		
Event Object Code:	<input type="checkbox"/> Official Occasion/Large Event (1347)		<input type="checkbox"/> Administrative/Business Meeting (1347)		
	<input type="checkbox"/> Official Student Event (1309)		<input type="checkbox"/> Flowers or other Perishable Items for Individuals (1329)		
Actual Cost:	Average cost per Person:	<input type="checkbox"/> Average Cost per Person not required	Name of Group attending if >10:		Actual Number of Participants:
<u>Name</u>	<u>Title</u>	<u>Affiliation</u>	<u>Name</u>	<u>Title</u>	<u>Affiliation</u>
Purpose of the event:					
Benefit to the Dell Medical School and the University:					
Justification if cost per person is exceeded or if alcohol is primary expenditure:					<input type="checkbox"/> Alcohol approval attached

## Section 3: Budget Information

Total Requested Budget:	Contracts/Agreements Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Food Cost:	Space Cost:	A/V Cost:	Other Costs:

## Section 4: Approval Signatures

**A review of this proposal has been performed. Receipt of all signature will be shared with the Finance Office to begin the due diligence process. Finance will perform appropriate budget check and inform requestor of approval.**

Requestor	Printed Name:	Date:
Admin. Delegate/Dept. Head	Printed Name:	Date:
Finance ( For events < \$1000)	Printed Name: <b>Susie Scheffler</b>	Date:
Facilities (If held at a Dell Med facility)	Printed Name: <b>Lisa Jones</b>	Date:
Asst. Director for Special Events	Printed Name: <b>Amanda Tofflemire</b>	Date:
Chief Business Officer (For events > \$1000)	Printed Name: <b>Scott Wallace</b>	Date:
Dean (If event is over \$50,000 or Requires Exception)	Printed Name: <b>Clay Johnston</b>	Date: