



Entertainment Events Request  
Official Occasion Expense Form (OEEF)

Section 1: Department Information

Department: **DEPARTMENT WITHIN DELL MEDICAL SCHOOL** Requester: **DELL CONTACT** Date: **DATE COMPLETING FORM**  
Account Number: **MUST BE LOCAL/GIFT/DISCRETIONARY ACCOUNT** Payee (Optional): **NAME AND EID OF INDIVIDUAL/VENDOR BEING PAID**

Section 2: Event Information

Event Name: **SUMMARY OF EVENT** Has the event happened? Yes No **PRE OR POST EVENT FOR APPROVAL?**  
Purpose of the event: **SUPPLY A DETAILED EXPLANATION OF THE PURPOSE OF THE EVENT INCLUDING ALL PARTIES INVOLVED ALONG WITH A BRIEF AGENDA AND WHAT MEALS WILL BE PROVIDED. MUST INCLUDE WHY REQUESTED ENTERTAINMENT EXPENSES ARE REQUIRED.** Event Date: **BEGIN DATE** to **END DATE**  
Event Time: **TIME OF EVENT**  
Event Location: **INDICATE WHERE THE EVENT WILL TAKE PLACE**  
Object Code: **INDICATE EVENT TYPE**  
Vendors to be used: **LIST INDIVIDUALS/VENDORS TO BE PAID FOR EXPENSES**  
Benefit to the Dell Medical School and the University: **SUPPLY A DETAILED EXPLANATION OF HOW THE EVENT IS EXPECTED TO BENEFIT THE DELL MEDICAL SCHOOL AND THE UNIVERSITY .** Will alcohol be served on UT property? Yes No  
**IF APPLICABLE, ALCOHOL EXCEPTION APPROVAL MUST BE ATTACHED**

Section 3: Pre-Event Information

Total Requested Budget: **TOTAL AMOUNT REQUESTED** Food/Beverage Cost: **COST OF FOOD/DRINKS** A/V Cost: **COST OF A/V**  
Estimated cost per person: **COST DIVIDED BY GUESTS** Space Cost: **COST OF VENUE** Other Costs: **OTHER COSTS. SPECIFY IN NOTES BOX BELOW.**

Section 4: Participant Information

Check this box if the hosting unit's chief administrator (provost, dean, vice president, or vice president equivalent) **attended** a non-university-wide event, and record name here: **IF CLAY JOHNSTON IS HOSTING THE EVENT AND IT'S A NON-UNIVERSITY -WIDE EVENT, CHECK THIS BOX AND LIST HIS NAME.**

Participants: 10 or less 11 or more How many? **# OF GUESTS** Name of Group: **IF 11 OR MORE, SUPPLY A GENERAL DESCRIPTION OF GROUP**

Name	Title	Affiliation	Name	Title	Affiliation

Justification if cost per person is exceeded or if alcohol is primary expenditure (pre-event approval only): **PRE-EVENT ONLY: AN EXPLANATION MUST BE PROVIDED IF THE LIMITS ARE EXCEEDED**

Section 5: Post Event Information

Actual Cost: **COST OF INVOICE OR RECEIPT** Actual Cost per person: **COST DIVIDED BY GUESTS**  
Participants: 10 or less 11 or more Actual Number of Participants: **# OF GUESTS WHO ATTENDED**

Section 6: Approval Signatures

**DELL CONTACT**

Requester:  
Date:

**DEPT HEAD OR ADMIN DELEGATE**

Dept. Head/Admin Delegate:  
Date:

**SPECIAL EVENTS APPROVAL**

Asst. Director for Special Events: Amanda Tofflemire  
Date:

**EVENTS OVER \$100K OR EXCEPTION APPROVAL**

Additional Approval (if applicable):  
Date:

**FINANCE APPROVAL FOR EVENTS LESS THAN \$10K**

Director of Finance (For events <\$10,000): Susie Scheffler  
Date:

**FINANCE APPROVAL FOR EVENTS MORE THAN \$10K**

Chief Administrative Officer (For events: >\$10,000): Dwain Morris  
Date:

**FACILITIES APPROVAL**

Facilities (If held at a Dell Med facility): Glenn Deaver  
Date:

Notes:  
**ADDITIONAL NOTES. SPECIFY OTHER COSTS.**