Entertainment & Events Request Official Occasion Expense Form

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Revised: 5/2018 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 DellMedFinance@austin.utexas.edu to be routed through the proper channels. Section 1: Department Information Department: Department within Dell Medical School. Requester: Name of person completing the form. This Date: Date will be the go-to contact for any questions regarding event. completing form. Account Number: Must be local/gift/discretionary account. No AUF Payee (Optional): If reimbursing an individual, indicate name and EID. If funding can be used for entertainment expenses. paying a company, indicate name of vendor. Section 2: Event Information Vendors to be used: List all companies/individuals to be paid for expenses Event Name: Summary of event. incurred during event. Event Date: List specific date or date Event Time: Indicate beginning Event Location: ☐ HLB ☐ HTB ☐ HDB ☐ DPRI ☐ Other range of event. If blanket, input start & end time of event. Indicate location where event takes place. List all if more than one & end date. location. If event did not take place in Austin, TX, identify city and state. **Event Object** ☐ Official Occasion or Admin./Business Meeting (1347) Name of Group attending if >10: If 11 or more people will be attending, Code: supply a general description of people. Check one to ☐ Official Student Event (1309) ☐ Check this box if the hosting unit's chief administrator (provost, dean, indicate vice president, or vice president equivalent) attended a non-universityevent type. wide event, and record name in the space provided below: ☐ Flowers or other Perishable Items for Individuals (1329)If Clay Johnston is hosting the event and it's a non-university-wide event, check this box and list his name here. Actual Cost: Fill out if the OOEF request is after-Actual Number of Participants: Fill out if the Actual Average cost per Person: Fill out if the the-fact or when submitting for payment. OOEF request is after-the-fact or when OOEF request is after-the-fact or when submitting for payment. submitting for payment. Name **Title Affiliation** Name **Title Affiliation** If 10 or fewer are planning to attend, list participant's name, title and affiliation. 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. 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 or the benefits actually derived from the event. Justification if cost per person is exceeded or if alcohol is primary expenditure: The average per person entertainment limit for ☐ Alcohol approval breakfast & lunch is \$30 and dinner is \$75 which includes food, alcohol, tax, and gratuity. The alcohol entertainment limit is attached to serve 50% or less of the subtotal. An explanation must be provided if the limits are exceeded. alcohol on UT property If applicable, this is required before the event. Section 3: Budget Information Total Requested Budget: Indicate total amount requested for the event. Contracts/Agreements Required? ☐ Yes ☐ No Indicate YES if event Food, Space, AV and Other costs below should add up to this amount. requires catering, venue rental, guest speakers, photography/ videographer, or any other agreements. A/V Cost: Cost of all A/V rentals. Food Cost: Should include all Space Cost: Cost of venue rental, Other Costs: Indicate any other consumable good purchases on and off campus. supplies. costs to hold the event including but not limited to catering, (honorarium, facilities, parking, house accounts, grocery store trips etc.). with the pro-card, UTMarket orders,

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The University of Texas at Austin Dell Medical School
Event ID

Estimated	Number of	of Participants:	Expected	number	0
attendees	if event h	as not hannene	nd vet		

basis.

Estimated Average cost per person: Food cost divided by the estimated number of participants if event has not happened yet.

☐ Average Cost per Person not required Check if there is a negotiated agreement with a vendor for a total package price that includes food and non-food expenses. The agreement/ contract must be included with the OOEF request before the event.

			event.				
Section 4: Approval Signatures							
A review of this proposal has been performed. Finance will perform appropriate budget check and inform requestor of approval.							
Requestor Signature of the person completing this form.		Printed Name:		Date:			
Admin. Delegate/Dept. Head Signature of Dept. Head or Adelegation of signature approval table via DMS wiki.	dmin Delegate - see	Printed Name:		Date:			
Asst. Director for Special Events Special events will require awareness and planning. Facilities will route request to As		Printed Name: Amand	la Tofflemire	Date:			
Facilities (If held at a Dell Med facility) Facilities' approval nature of the event. Finance will route request to Facilities		Printed Name: Daniel	Heath	Date:			
Director of Finance (For events < \$10,000) Finance will vet proper channels if event is approved.	, sign and send through	Printed Name: Susie S	cheffler	Date:			
Chief Administrative Officer (For events > \$10,000) Finance signature approval for events > \$10,000.	e will vet and acquire	Printed Name: Dwain	Morris	Date:			
Additional Approval (if necessary) Finance will vet and acquevents over \$100K from the CBO and/or Dean. Exceptions		Printed Name:		Date:			