

Entertainment & Events Request Official Occasion Expense Form

Revised: 5/2018



The University of Texas at Austin

Dell Medical School

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 DellMedFinance@austin.utexas.edu to be routed through the proper channels.

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"/> HTB <input type="checkbox"/> HDB <input type="checkbox"/> DPRI <input type="checkbox"/> Other _____
Event Object Code:	<input type="checkbox"/> Official Occasion or Admin./Business Meeting (1347)	Name of Group attending if >10: <input type="checkbox"/> 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 in the space provided below:
	<input type="checkbox"/> Official Student Event (1309)	
	<input type="checkbox"/> Flowers or other Perishable Items for Individuals (1329)	

Actual Cost:		Actual Number of Participants:		Actual Average cost per Person:	
<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 to serve alcohol on UT property

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:
Estimated Number of Participants:	Estimated Average cost per person:		<input type="checkbox"/> Average Cost per Person not required

Section 4: Approval Signatures

A review of this proposal has been performed. Finance will perform appropriate budget check and inform requestor of approval.

Requestor	Printed Name:	Date:
Admin. Delegate/Dept. Head	Printed Name:	Date:
Asst. Director for Special Events	Printed Name: Amanda Tofflemire	Date:
Facilities (If held at a Dell Med facility)	Printed Name: Daniel Heath	Date:
Director of Finance (For events < \$10,000)	Printed Name: Susie Scheffler	Date:
Chief Administrative Officer (For events > \$10,000)	Printed Name: Dwain Morris	Date:
Additional Approval (if necessary)	Printed Name:	Date: