## TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EI PASO

## PRE-APPROVAL FORM

Official Functions, Business Meetings and Entertainment Events Required for Expenses  $\geq$  \$500 and Business Meetings Where No Outside Guest Is Present

TOTAL ESTI	MATED COST OF EVENT	
By Category:	Food Alcohol* Entertainment Decorations Encility Cont	Cost Per Person  Food and beverages (including alcohol)
Other (detailed)	Facility Cost	
Total Estimated *President's approv	' <u> </u>	Number of Attendees
PURPOSE (A	business purpose that serves t	the institutional mission is required.)
DATE AND L	OCATION OF EVENT	
REQUESTOR'S NAME		Department
Email Address		Phone
purchasing card		equests processed in the TechBuy system or attached with cumentation. Please note: TTUHSC El Paso is exempt from Sales Tax.
APPROVALS		
mission and are department hea	appropriate and reasonable cond.  d, Dean, and CFO are required or events with a total cost of \$5	for this event have a business purpose, serve the institution's nesidering budget and financial priorities. Signatures from the d. The president's approval is required when alcohol will be 6,000 or greater. All requests should be submitted at least 30
Signature of Department Head		Date
Signature of Dean		Date
Signature of Chief Financial Officer		Date
Signature of the	e President	 Date