

Entertainment Exceptional Approval Request

Pre-Approval ATF Approval

Name: _____ Unit: _____

Phone Number: _____ Email: _____

Event Date(s): _____ Host: _____

Location: _____ Guest List Attached? Yes No

Chart String: _____ Alcohol Purchased? Yes No

Meal Type: Breakfast (\$27 Max) Lunch (\$47 Max) Dinner (\$81 Max) Light Refreshments (\$19 Max)

Event Purpose:

Total Cost: _____ Number of Attendees: _____ Per Person: _____

Exceptional Approval:

Employee Moral Building Activities

Maximum Per Person Rate Exceeded _____ %

Spouse or Domestic Partner of a University Guest or Host

Tickets to Entertainment Event

Cash Contributions included in Fundraiser fee

Other: _____

Justification: _____

Host Signature

Name

Date

Authorizer's Signature

Name

Date

Exceptional Approval

Name

Date