Entertainment Exceptional Approval Request

Pre-Approval ATF Approv

Name:			Unit:		
Phone Number:					
Event Date(s):	Host:				
Location:		Guest List Attache		Yes	No
Chart String:		Alcohol Purcha		Yes	No
Meal Type: Breakfast (\$31 Max)	Lunch (\$54 Max)	Dinner (\$94 Max) .	Light Refreshm	nents (\$22	Max)
Event Purpose:					
 Total Cost: Num	ber of Attendees:	Per	Person:		
Exceptional Approval:					
Employee Moral Building Activ	ties				
Maximum Per Person Rate Ex	ceeded				
Spouse or Domestic Partner of	a University Guest o	or Host			
Tickets to Entertainment Event	:				
Cash Contributions Included in	Fundraiser Fee				
Other:					
Justification:					
Host Signature	Nam	e	Dat	te	
Authorizer's Signature	Name	9	Dat	е	
		beth Brashers, VCF f of Staff	OAVC &		
Exceptional Approval	Name	9	Dat	е	