## Request for Approval of Exceptional Entertainment Expenditures

Type of Event:	Breakfast (\$27.00) Lunch (\$47.00)	Light Re	efreshments (\$19.00) \$81.00)
		nt List Attached?	<del></del>
Date of Event: Location: Nature of Occasion or Purpose of Meeting:			
Justification for exceeding established limits (cost is not a justification):			
Official Host of Event:		Title:	
Unit/Department:			
Room Cost:	Service Cost:	I	Food Cost:
Total Amount		Amount per Person:	
Will alcoholic beverages or tobacco be purchased? Yes No (State and Federal Funds may not be used for this purpose)			
Chartstring:			
			:
Host Name:		Host Unit:	
Approval by Unit Director:			Date:
Approval:	d Castellanos, VCRO Budget Dire	ector	Date: