TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

PRE-APPROVAL FORM
Official Functions, Business Meetings and Entertainment Events
Required for Expenses > $500

1. TOTAL ESTIMATED COST OF EVENT
   By Category:  Food _____________
   Alcohol *** _____________
   Entertainment _____________
   Decorations _____________
   Facility Cost _____________
   Other (detailed) ________________

   Total Cost $ _____________

*** Approval required from the President’s Office if the event is held on TTUHSC/TTU Campus

2. PURPOSE (A business purpose that serves the institutional mission is required.)

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. DATE AND LOCATION OF EVENT

   __________________________________________________________

4. REQUESTOR NAME __________________________________________

   E-mail Address ____________________________________________ Phone __________________

   This form must be attached to all Payment Requests processed in the Direct Pay System or attached with Purchasing Card transactions as supporting documentation.

5. APPROVALS

   Approvers have determined that the expenses for this event have a business purpose, serve the institution’s mission and are appropriate and reasonable considering budget and financial priorities. The Department Head and one of the following signatures are required: President, Dean, Regional Dean or Vice President for the respective area.

   Signature of Department Head ____________________________ Date ________________

   Signature of President, Dean, Regional Dean or Vice President ____________________________ Date ________________

ATTACHMENT A
HSC OP 72.16
December 29, 2016