

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

PRE-APPROVAL FORM

Official Functions, Business Meetings and Entertainment Events

Required for Expenses  $\geq$  \$300 and Business Meetings Where No Outside Guest Is Present

1 TOTAL ESTIMATED COST OF EVENT

By Category: Food \_\_\_\_\_ Cost Per Person \_\_\_\_\_  
Alcohol\* \_\_\_\_\_ *Food and beverages (including alcohol)*  
Entertainment \_\_\_\_\_  
Decorations \_\_\_\_\_  
Facility Cost \_\_\_\_\_  
Other (detailed) \_\_\_\_\_

Total Estimated Cost \$ \_\_\_\_\_ Number of Attendees \_\_\_\_\_  
*\*President's approval is required*

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

\_\_\_\_\_  
\_\_\_\_\_

3 DATE AND LOCATION OF EVENT

\_\_\_\_\_

4 REQUESTOR'S NAME \_\_\_\_\_ Department \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

This form must be attached to all payment requests processed in the TechBuy system or attached with purchasing card transactions as supporting documentation. Please note: TTUHSC El Paso is exempt from State of Texas Sales Tax and Mixed Beverage Sales Tax.

5 APPROVALS

Approvers have determined that expenditures for this event have a business purpose, serve the institution's mission and are appropriate and reasonable considering budget and financial priorities. Signatures from the department head, CFO and COO are required. The president's approval is required when alcohol will be served and/or for events with a total cost of **\$5,000** or greater. All requests should be submitted at least **30 days prior to the event.**

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Operations Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the President

\_\_\_\_\_  
Date