TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER El PASO

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 El Paso Campus or off campus*

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

_____
_____
_____

3. DATE AND LOCATION OF EVENT

_____

4. REQUESTOR'S NAME _____

Email 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. Signatures from the department head and one of the following individuals are required: president, dean, CFO or COO.

_____ _____
Signature of Department Head Date

_____ _____
Signature of President, Dean, CFO or COO Date