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)RUP IRU 2IILFLDO)XQFWLRQV %XVLQHVV 0HHWLQJV DQG (QWHUW

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 TJ 0 Tc 0 Tw [(:)-6.9