## **TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**

## PRE-APPROVAL FORM

Official Functions, Business Meetings and Entertainment Events Required for Expenses  $\geq$  \$500

1.	TOTAL ESTIMA	TED COST OF EVENT	
	By Category:	Food	
		Alcohol ***	
		Entertainment	
		Decorations	
		Facility Cost	
	Other (detailed)		
	Other (detailed) _		
	Total Cost	\$	
		from the President's Office if the event is held on TTUHSC/TI	TII 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		Filone
	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 Pr	esident for the respective area.	
	Signature of Dep	artment Head	Date
	Signature of Pres	sident, Dean, Regional Dean or Vice President	Date