

# TTUHSC Food & Entertainment Substantiation Form

See HSC OP 72.16 for detailed policy for expenditures

Total amount of invoice/receipt: \_\_\_\_\_

**This expense must provide a benefit to TTUHSC. The department may be required to defend and explain this benefit to state and/or internal auditors, the IRS, administrative officials, or others as appropriate. Completion of this form validates this purchase as a legitimate business expense, serves the institutional mission and is appropriate and reasonable considering budget and financial priorities in my department.**

Vendor: \_\_\_\_\_ City: \_\_\_\_\_

Event Date/Time: \_\_\_\_\_ Event Location: \_\_\_\_\_

Describe the business purpose of the event and its benefit to TTUHSC: **(PCARD ONLY)**

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Specify the TOTAL number of attendees if applicable \_\_\_\_\_

**If attendees are more than the five, attach the attendee list as supporting documentation**

List the names of up to five of the attendees and their position: \_\_\_\_\_ Check if Employee

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Did spouse/partner, family member or other person attend? \_\_\_\_\_

\_\_\_\_\_  
If yes, describe the bona fide business purpose (recruiting event, participant of an official function, expertise, or other)

Recruiting event (if applicable)

|                          |                       |
|--------------------------|-----------------------|
| _____                    | _____                 |
| <b>NAME OF CANDIDATE</b> | <b>POSITION TITLE</b> |

Retirement event (if applicable)

|                        |                         |
|------------------------|-------------------------|
| _____                  | _____                   |
| <b>NAME OF RETIREE</b> | <b>YEARS OF SERVICE</b> |