

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)**

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)

_____	_____
NAME OF CANDIDATE	POSITION TITLE

Retirement event (if applicable)

_____	_____
NAME OF RETIREE	YEARS OF SERVICE