



# FOOD AND ENTERTAINMENT SUBSTANTIATION FORM

Review [HSC OP 72.16](#) for detailed procedures regarding 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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>