## SENIOR VICE PRESIDENT AND PROVOST ADMINISTRATIVE UNITS FOOD AND BEVERAGE EXPENSE CERTIFICATION FORM

This form must be completed for all food and/or beverage expenditures that are to be charged to a University department within the Sr. Vice President and Provost administrative area. Please see <a href="http://www.ou.edu/aa/food.htm">http://www.ou.edu/aa/food.htm</a> for policy and allowable amounts. For grant and contract departments, verify that these types of expenditures have been authorized. Meal and beverage expenses must be for a University related function/business. A complete explanation of the purpose must document the expenditure. Reimbursement requests **exceeding** the allowable amount per person requires signature authorization by both the Dean and Provost.

## INSTRUCTIONS:

- 1. Complete the form for each activity or purchase.
- Attach original form to invoices or other documentation whether maintained in the Pcard records or submitted to Financial Support Services for payment.
- 3. Obtain **Department Sponsor** signature.
- 4. Obtain **Dean and Provost signature** when reimbursement exceeds allowable amount per person.

  (If grant or contract department, submit to appropriate grants and contracts office for approval)

(If grant o	or contract departm	nent, submit to appropria	te grants and cont	racts office for ap	oproval).		
PAYEE				DA	TE OF EVENT		
EMPLID/FEIN/SSN				PLA	CE OF EVENT		
whichever applicable				•			
AMOUNT				MA	IL CHECK TO		
AMOUNT				WIA	IL CHECK TO		
DEPT #							
							_
		Financial Support Servi	ces Allowable An	nounts per meal	and/or reception	n	
	Ту	pe of Meal	Breakfast	Lunch	Dinner	Reception	
		Limit	\$15.00	\$25.00	\$50.00	\$8.00	
	Reimbursement Number attendin						
	(Please list below	-					
	Cost per person	. ,					
	(Including gratu	ity)					
	Over the limit are	nount per person					
	Percentage over						
	r ereeminge over		1		1		
Number attending Grants & Contract departments	must provide a li	isting of all persons in att	tendance regardles	s of the number	of participants. F	or all other depa	rtments, names must be listed
below only if 16 or less people  Name	attend. For affilia	ation, indicate the person  Affiliation		versity affiliatior			Affiliation
	attend. For affili			versity affiliatior	1.	_	
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Name	(Please Explain)  orized and incurr the State of Okla	Affiliation	s of the program s	versity affiliation Na	n. name		Affiliation

## SENIOR VICE PRESIDENT AND PROVOST ADMINISTRATIVE UNITS FOOD AND BEVERAGE EXPENSE CERTIFICATION FORM

Dean Date Provost Date

Dean and Provost authorization is required if individual cost exceeds the allowable amount per person.