



Public Relations Request

For the complete Entertainment, Public Relations, and Related Expense Summary please refer to policy 4.117

Complete prior to event:

Event Name: _____ Event Date: _____

Business purpose for this event:

[Empty box for business purpose]

*Alcohol to be preapproved by a Vice President, Provost, or President via a separate memo

Event #1 held on Campus Start Time End Time Meal/Refreshment

Event Location: Requesting Dept: Direct Bill-Vendor Name: PO# Total \$

A. Number of Attendees B. Total cost of meal/refreshments C. Tax/tip D. Cost per person

Block D not to exceed maximum allowable per person:

Breakfast or Refreshment -\$27.00 Lunch- \$32.50 Dinner-\$60.00 E. Cost of Other F. Event 1 Total

Description of other GL Account #: Events \$ Maximum allowed: Requested by: Approved by: Signature Date

Revisions: (Attach additional documents for support of revision request) Reason for Revision: Reapproval required: Requestor Signature Date Approver Signature Date

In addition to this form please attach the following: -Itemized invoice or receipt providing proof of payment -List of attendees -Agenda, invitation, or flyer -Sodexo waiver when applicable

Public Relations Request Multi Event

Event 2:

Event held on Campus

Yes:

No:



Start Time:



End Time:



Meal/Refreshment

Event Location: _____

Requesting Dept: _____

Direct Bill-Vendor Name: _____

PO# _____ \$ _____

Phone: _____

PO# _____ \$ _____

Total \$ _____

A. Number of Attendees:

B. Total cost of meal/refreshments

C. Tax/tip (tip=<20% pretax)

D. Cost per person: (B plus C divided by A)

Block D not to exceed maximum allowable per person:

Breakfast or Refreshment -\$27.00

Lunch- \$32.50

Dinner-\$60.00

E. Cost of Other



F. Event 2 Total

Event 3:

Event held on Campus

Yes:

No:



Start Time:



End Time:



Meal/Refreshment

Event Location: _____

Requesting Dept: _____

Direct Bill-Vendor Name: _____

PO# _____ \$ _____

Phone: _____

PO# _____ \$ _____

Total \$ _____

A. Number of Attendees:

B. Total cost of meal/refreshments

C. Tax/tip (tip=<20% pretax)

D. Cost per person: (B plus C divided by A)

Block D not to exceed maximum allowable per person:

Breakfast or Refreshment -\$27.00

Lunch- \$32.50

Dinner-\$60.00

E. Cost of Other



F. Event 3 Total