**EVENT INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Dept.: |  | Phone #: |  |
| EVENT: |  | Event Date(s): |  |
| Event Time: |  | Location: |  |
| Contact Person for Event: |  | Cost Estimate: |  |
| Purpose of Event: |
|  |

**A LIST OF PARTICIPANTS EXPECTED TO ATTEND MUST BE ATTACHED.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| GL Account | Fund | Approp | Class | Department | Grant - Project | Grant - Activity |
|  |  |  |  |  |  |  |

**Default Chartfield:**

The purpose of this form is to obtain prior approval to serve beverages and/or light refreshments at the event described below, per TCC Management Policy 01-021:

1. I understand that this authority is not intended for use with the normal daily/weekly business of college employees, but rather for special situations where the purpose of the event/meeting must be to conduct college business or provide formal training that benefits college employees; AND
2. The Beverage and/or Light Refreshments served must be an integral part of the meeting; AND
3. I further understand that refreshment expenditures for anniversaries of the college or individual employees and receptions for new and/or retiring employees are prohibited.

**Approvals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Requester’s Signature |  | Print Name |  | Date |
|  |  |  |  |  |
| Budget Manager’s Approval |  | Print Name |  | Date |
|  |  |  |  |  |
| Executive Staff’s Approval |  | Print Name |  | Date |
|  |  |  |  |  |
|  |  |  |  |  |
| Grant Specialists Verification (*If applicable*) |  | Print Name |  | Date |
|  |  |  |  |  |

**NOTE: This form must be completed and received in Financial Services two working days prior to the event taking place.**