

**UNIVERSITY OF OKLAHOMA FOUNDATION  
FOOD AND BEVERAGE EXPENSE CERTIFICATION FORM**

**OUHSC/TULSA CAMPUS**

This form must be completed for all food and/or beverage expenditures that are to be charged to an **OU Foundation** fund. Please see <http://www.ouhsc.edu/policy/Home.aspx#19931978-section-541---food-and-beverage> 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 an Executive Officer or Vice President.

- INSTRUCTIONS:**
1. Complete the form for each activity or purchase.
  2. Attach completed form along with invoices to OUF Payment Request
  3. Obtain **Executive Officer or Vice President signature** when reimbursement exceeds allowable amount per person.  
(If grant or contract department, submit to appropriate grants and contracts office for approval).

<b>PAYEE</b> _____	<b>DATE OF EVENT</b> _____
<b>EMPLID/FEIN/SSN</b> _____ whichever applicable	<b>PLACE OF EVENT</b> _____
<b>AMOUNT</b> _____	<b>MAIL CHECK TO</b> _____
<b>DEPT #</b> _____	_____
<b>DEPT CONTACT/PHONE</b> _____	_____

Allowable Amounts per meal and/or reception				
Type of Meal	Breakfast	Lunch	Dinner	Reception
Limit	\$25.00	\$40.00	\$80.00	\$25.00
Payment Amount				
Number attending <i>(Please list below)</i>				
Cost per person <i>(Including gratuity)</i>				
Over the limit amount per person				
Percentage over the limit				

**Number attending** \_\_\_\_\_

For all funds, names must be listed below only if 10 or less people attend. For affiliation, indicate the person's employer or university affiliation.

Name	Affiliation	Name	Affiliation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PURPOSE OF FUNCTION:** (Please Explain)

\_\_\_\_\_

I certify this expense is authorized and incurred under the provisions of the program specified above and that no other payment of claim for reimbursements has been or will be made against the State of Oklahoma for this expense.

A State of Oklahoma Travel voucher     will     will not    be filed for this time period. (Select one)

\_\_\_\_\_  
**Executive Officer or Vice President**

\_\_\_\_\_  
**Date**

*Executive Officer or Vice President authorization is required if individual cost exceeds the allowable amount per person.*