



Document ID #: _____

Today's Date: _____

Official Occasion Expense Form

To prevent a personal tax liability, each occasion must be documented by itemized receipts for expenses. The information requested on the form must accompany the payment voucher for processing within 30 days of the occasion.

Location of Event: _____ **Date of Event:** _____
(include City & State)

Name/Purpose of Event: _____

Benefit to the University of Texas: _____

Account name(s) to be charged: _____ **Account number(s) to be charged:** _____

Estimated Cost: _____ **Estimated Cost Per Person:** _____

Name of Participant(s) (required if 10 or fewer):	Title(s):	Affiliation(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Group attending (if more than 10): _____ **Estimate total attending:** _____

Actual Cost: _____ ***Average Cost per Person:** _____ OR ☐ ****Average Cost per Person Not Required**

**Average cost per person is not required when there is a negotiated agreement with a vendor for a total package price that includes food and non-food expenses. The agreement / contract must be included with the payment voucher.

Food Total Amount: _____ **Alcohol Total Amount:** _____

Payee: _____ **EID:** _____ **Date:** _____

Form Prepared by: _____ **Phone:** _____ **Date:** _____

Department Authorized Signer: _____ **Date:** _____

Official Delegate Approval: _____ **Date:** _____

Dean Approval (if required): _____ **Date:** _____

For Department Accounting Staff Use:

Object Codes: ☐ 1347: Official Occasion or Administrative/Business Meeting
☐ 1309: Official Student Occasions (Account Restricted)
☐ 1329: Flowers or Other Perishable Items for Individual

Department Codes:

_____ Code 1 Code 2 Code 3 Code 4 Code 5



OFFICIAL OCCASION EXPENSE FORM INSTRUCTIONS

The Official Occasion Expense form is a tool to ensure that all data necessary to process a reimbursement or payment request for an entertainment expense is submitted.

Document ID #: The ID number of the payment document.

Today's Date: Self-explanatory.

Location of Event: Name of business establishment, restaurant, etc. where event occurred. If event did not take place in Austin, please identify city and state. If the event is taking place at a private residence, please indicate both the address and the individual.

Examples:

AT&T Conference Center Eastwoods Park
CMA 5.160, LBJ Conference Center Room Kerbey Lane Restaurant
County Line Restaurant, San Antonio, TX
Dean Roderick Hart's home, 1000 Home St., Austin, TX

Date of Event: Date of the event, not the date the form is being completed.

Name/Purpose of Event: If the event has an official name, please list here. Supply a brief explanation of the purpose of the event(s).

Examples:

Refreshments were provided at a meeting to discuss joint research projects UT Austin, Texas A & M, Texas Tech and Motorola.

Buffet was provided at a reception for graduate students to meet new faculty members in the department.

Lunch was provided to people attending all day meeting of the department's visiting committee.

Benefit to UT: Supply a brief explanation of how the event is expected to benefit the university or the benefits actually derived from the event.

Examples:

To further the relationship between higher education and industry in the area of microchip research. Motorola has entered into an agreement to provide funding for 3 years to the research consortium between the universities.

The visiting committee provides the department with guidance in the direction the department should be going with respect to educational issues.

Account Name(s) to be Charged:

Provide a simple title for account, which will be charged

Example:

John Doe Symposium fund

Account number(s) to be Charged:

List the account number(s), which will be charged.

Estimated Costs: The individual signing the "prior to" OOEf's needs to know the estimated expenses for the event so that they can make an educated decision whether or not to approve the OOEf request.

**Estimated Cost****Per Person:**

Breakdown the estimated expenses to show the average cost per individual attending. If estimated cost per person exceeds \$75 provide justification. Exceptions require approval by the Dean.

Name of Participant(s):

List participants by name, title and affiliation, if ten (10) or fewer.

Examples:

If 10 or fewer

Name of Participant(s):

Dr. John Doe

Dr. Jane Doe

Dr. Jill Gee

John Hee

Title (s):

Professor

Professor

Professor

Manager

Affiliation(s):

UT Austin, ME Dept.

Texas A&M Univ., ME Dept.

Texas Tech Univ., ME Dept

Motorola

Group Attending:

If more than ten (10) people participated, supply a general description and approximate or actual number of people attended.

Example:

General description if over 10

Journalism faculty and graduate students in the Broadcast Sequence.

Estimated Total Attending: Approximate the number of people who will attend.

Actual Costs:

After the event, fill in the actual amount spent.

Avg Cost Per**Person:**

List the average cost per person OR mark the Not Required box. The average per person entertainment limit is \$75 and includes food, alcohol, tax, and gratuity. The average cost per person is not required when there is a negotiated agreement with a vendor for a total package price that includes food and non-food expenses. The agreement/contract must be included with the payment voucher.

Food Total Amount:

Total food expense on receipt or invoice.

Alcohol Total Amount:

Total alcohol expense on receipt or invoice.

Payee:

The name of the person who will pay the event expenses and be reimbursed OR the name of vendor (restaurant, caterer, etc.) which will be paid. If specific individuals aren't known, put 'TBD', 'Staff' or 'Direct Bill to Restaurant'.

EID:

The EID of the Payee. If Payee is an individual, EID is required. If a vendor is being paid, leave this blank.

Form Prepared by:

The name of the person completing the form so that reviewers and approvers can contact him/her with questions.

Phone:

The phone number of the person completing the form so that reviewers and approvers can contact him/her with questions.

**Department Authorized
Signer:**

This is the Department Head, the PI of a grant, the Director of the area, or Supervisor of area.

**Official Delegate
Approval:**

This will always be the Chief Financial Officer (Jeff Toreki).

**Dean Approval
(if required):**

This will always be the Dean (Dean Ward Farnsworth).