

**UNIVERSITY OF OKLAHOMA
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. Please see <http://www.ou.edu/aa/food.htm> 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 original form to invoices or other documentation whether maintained in the Pcard records or submitted to Financial Services for payment.
3. Obtain **Department Sponsor** signature.
4. 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).

PAYEE _____ EMPLID/FEIN/SSN _____ whichever applicable AMOUNT _____ DEPT # _____ DEPT CONTACT/PHONE _____	DATE OF EVENT _____ PLACE OF EVENT _____ MAIL CHECK TO _____ _____ _____
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Allowable Amounts per meal and/or reception				
Type of Meal	Breakfast	Lunch	Dinner	Reception
Limit	\$15.00	\$25.00	\$50.00	\$8.00
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 _____

Grant & Contract departments must provide a listing of all persons in attendance regardless of the number of participants. For all other departments, names must be listed below only if 16 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)

Department Sponsor	Date	Grants and Contracts	Date
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Executive Officer or Vice President	Date
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Executive Officer or Vice President authorization is required if individual cost exceeds the allowable amount per person.