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 _______________________________ DATE OF EVENT _______________________________

EMPLID/FEIN/SSN _______________________________ PLACE OF EVENT _______________________________
 whichever applicable MAIL CHECK TO _______________________________

AMOUNT _______________________________ DEPT # _______________________________

DEPT CONTACT/PHONE _______________________________

<table>
<thead>
<tr>
<th>Type of Meal</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Reception</th>
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</thead>
<tbody>
<tr>
<td>Limit</td>
<td>$15.00</td>
<td>$25.00</td>
<td>$50.00</td>
<td>$8.00</td>
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</tbody>
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Payment Amount
Number attending
(Please list below)
Cost per person
(Including gratuity)

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Name</th>
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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 _______________________________

Executive Officer or Vice President _______________________________ Date _______________________________

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