

**ALCOHOL, FLOWERS, FOOD, AND REFRESHMENTS  
EXPENSE AUTHORIZATION REQUEST  
OR CABINET OFFICER APPROVAL FOR ANY POLICY EXCEPTION**

**DIRECTIONS:** Please complete all sections, obtain appropriate signatures and attach to the e-NPO or PO. Per **UPPS 03.01.18**, **Cabinet Officer approval** is required on all alcohol purchases other than Presidential events. **The approval may not be delegated.** Per **UPPS 03.01.03**, flower purchases are extremely limited. Per **FSS/PPS 03.11**, employee only food/refreshments expenditures are generally considered an exception to university policy. **Exceptions to any university policy or process require Cabinet Officer approval** prior to payment. However, if the funding source is CC 1040100001/Fund 20000110YY or CC 1040100001/Fund 4100201000, approval from the Assistant Vice President and Treasurer is sufficient (excludes alcohol). Review **FSS/PPS 03.08** and **UPPS 03.01.03** for specific guidelines. If purchasing alcohol, Cabinet Officer approval is required. This form may be used to document the rationale and approval request.

**Relevant GLs: Alcohol - 790101 Flowers/Plants - 733100 Food - 731600**

| A. CONTACT INFORMATION |                |                |
|------------------------|----------------|----------------|
| Requesting Department: |                | Request Date:  |
| Contact Name:          | Contact Phone: | Contact Email: |
| Account Manager/PI:    | Phone:         | Email:         |

| B. EVENT BUSINESS PURPOSE OR EXCEPTION REQUEST RATIONALE                       |  |    |
|--|--|----|
| Event/Activity Date(s):  | OR   | -  |
| Business Purpose and Description of Event/Activity or Rationale for Exception: |  |    |
| Does this event involve the purchase of alcohol?                               | Yes (Cabinet Officer approval required)  | No |
| Is this event for employees only?  | Yes (Cabinet Officer approval required)  | No |
| Attendees:<br>Employees<br>Non-employees<br>Both                               | If less than 20 attendees, include a list of names below or attach a list of attendees with the AP-12. |    |

| C. FUNDING INFORMATION                           |              |              |       |                    |
|--|--------------|--------------|-------|--------------------|
| Type of Payment:                                 | PO # _____   | P-card       | e-NPO | LBJ Chartwells IDT |
| What is the source of funds for the expenditure? | Cost Center: |              | Fund: |                    |
| Estimated Cost:                                  | OR           | Actual Cost: |       |                    |

| D. ACCOUNT MANAGER / PRINCIPAL INVESTIGATOR CERTIFICATION  |       |
|--|-------|
| Account Managers/PIs certify that:   |       |
| <ol style="list-style-type: none"> <li>The requested purchase directly supports or promotes Texas State’s educational mission. (See Section B.)</li> <li>A valid business purpose, as required by <a href="#">UPPS 03.01.09</a>, Section 02.04 is fully explained above and documented as needed.</li> <li>The expenditure meets the provisions outlined in <a href="#">UPPS 03.01.03</a>, Section 01.05.</li> </ol> |       |
| Account Manager / PI:  | Date: |

| E. REQUIRED APPROVALS                           |  | Be sure exceptions or alcohol purchases have Cabinet Officer approval. |
|---|--|--|
| Assistant VP/Associate VP/Dean (if applicable): |  | Date:  |
| Assistant VP and Treasurer (if applicable):     |  | Date:  |
| Cabinet Officer:                                |  | Date:  |