

LSU Health Sciences Center  
ENTERTAINMENT PRIOR APPROVAL REQUEST

Name, Title, & Department Requesting Approval: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Date of Request: \_\_\_\_\_ Function Date: \_\_\_\_\_

Purpose to include brief statement explaining why this entertainment is in the best interest of the state:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Functions for this Visitor: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Per Person: \_\_\_\_\_ Account Number: \_\_\_\_\_

PS Chart String: Fund: \_\_\_\_\_ Dept.: \_\_\_\_\_ Program: \_\_\_\_\_

Class: \_\_\_\_\_ Project: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ (Note: If total number of guests is more than eight, please give justification):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If estimated total cost is more than \$70 per person, to include tax and tip, please give justification:

\_\_\_\_\_  
\_\_\_\_\_

**Approval:**

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Chancellor Date

**Note:** In compliance with current travel regulations to claim reimbursement, please attach this original signed prior approval; a detailed breakdown of all expenses incurred with appropriate receipts clearly showing a subtraction of alcoholic beverage cost, if any. Original prior approval should be unaltered and should be attached to your requisition.