USC Chan Division of Occupational Science and Occupational Therapy

Food and Event Budget Request Pre-Approval Form

Requestor Information

Name: _____ Date: _____

☐ Faculty ☐ Staff ☐ Post-doc

Event/Meeting Information

Name of meeting/event: _____

Location: _____

Date(s) of meeting/event: _____

Estimated number of attendees: _____

Event purpose: _____

_____

_____

_____

Is this event a new event or a repeat of a previous event? ☐ Repeat ☐ New

If this is a repeat event:

Date(s) of meeting/event: _____

Total amount spent: _____

Cost Estimates

Categories	**Vendor (if known)**	**Estimated Cost**	**Additional Information**
Venue			
Breakfast			

Lunch			
Dinner			
Snacks			
Coffee/Tea			
Flowers			
Rentals			
Other			

Estimated total: _____

Account you are requesting funding from: _____

Additional comments: _____

_____

Supplemental Expenditures Policy Attestation

Please review the USC Supplemental Expenditures Policy. To ensure compliance and timely processing, requestors must attest to having read the policy and confirm that the purpose of the event/expenditures aligns with the approved categories outlined in the policy (e.g., student events, recognition events, development events, etc.).

☐ *I attest that I have reviewed the Supplemental Expenditures Policy and that the purpose of this request is in compliance with the policy's approved event categories.*

If you have any questions, please review the policy link above before submitting.

Cost Containment

USC requires consideration of cost containment in the planning and approval of events and expenditures.

☐ *I attest that I have considered cost containment efforts in the selection of venue, vendor, and itemized expenses for this request.*

Routing Instructions:

Please fill out one budget request form for each meeting/event at your earliest convenience, ideally 2-3 months prior to the meeting/event, and email the completed form to your supervisor (i.e., person who completes annual performance evaluation/merit review).

If the supervisor is not an Associate Chair (AC), they will route next to the AC as indicated below. Supervisors/ACs are asked to review and respond as quickly as possible, ideally within 2 weeks of the submission.

•Faculty/staff primarily engaged in patient care should submit requests to Dr. Chantelle Rice Collins.

•Faculty/staff primarily engaged in teaching, admissions, and fieldwork coordination should submit requests to Dr. Julie McLaughlin Gray.

•Faculty/staff involved primarily in IT, continuing education, global initiatives, marketing/communications, and special events should submit requests to Dr. Sarah Bream.

•Faculty/staff/post-docs primarily engaged in research should submit requests to Dr. Mary Lawlor.

•Associate Chairs should submit their own requests to Dr. Grace Baranek.

•Once AC signs off, the form will be routed to the Associate Dean and Chair's office*.

In some cases, the budget request may need final authorization from the Dean's Office.

Please do not proceed with event planning until final budget approvals have been confirmed.

Supervisor/Associate Chair should complete the following section:

Approval:

☐ Yes Total amount approved: $_____

☐ No Reason denied:_____

_____

Other comments: _____

_____

Associate Chair Signature:

Associate Chair name

Associate Chair signature

Date

Associate Dean and Chair Signature:

Dr. Grace Baranek signature

Date