

USF HEALTH - EVENTS SERVING ALCOHOL - APPROVAL FORM

2/11

****Attach this approved form to the vendor invoice that alcohol beverages are included in the total cost. Failure to attach this form may delay timely payment to the vendor.**

EVENT NAME: _____

EVENT DAY & DATE: _____

TIME EVENT BEGINS/ENDS: _____

EVENT LOCATION: _____

SPONSORING DEPARTMENT: _____

ORGANIZATION PAYING FOR
THE EVENT (ex: USF, UMSA): _____

BENEFIT TO USF HEALTH: _____

OTHER COMMENTS: _____

By my signature, I acknowledge that proper identification must be presented by participants of the event to consume alcoholic beverages at the event. No guest(s) under the age of 21 will be served alcoholic beverages. I also acknowledge that the organized group within the USF System is responsible for the behavior of its members and guests whenever sponsoring an event (USF Alcohol Policy , Section III).

DEPT DIRECTOR/CHAIRMAN

SIGNATURE: _____

DATE _____

DEPT DIRECTOR/CHAIRMAN

NAME (PRINT): _____

DEPARTMENT NAME: _____

CONTACT PHONE NUMBER OR

EMAIL: _____

RETURN THIS FORM TO THE

ATTENTION OF: _____

EMAIL OR FAX #: _____

Instructions for form submission - Attention of Cheryl Lesko**Email: clesko@health.usf.edu****Fax: 813-974-3886****Interoffice mail: MDC 02****For completion by Ms. Roberta Burford:**

Circle one:

APPROVE

DISAPPROVE

REASON FOR DISAPPROVAL: _____

OTHER COMMENTS: _____

SIGNATURE: _____

DATE: _____