

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

**Request for Use of Appropriated Funds/Gift Funds for
Food and Beverage and Other Entertainment Expenses**

IC Requestor/Contact Person	Date of Request	Phone
Name of Event		Date of Event

CAN/Project Number _____ Amount: _____

Choose a Fund Type ☐ Appropriated Funds ☐ Gift Funds

Choose an Acquisition Mechanism

☐ Contract ☐ SF 1034 ☐ Purchase Order/Invoice ☐ Purchase Card

Choose an Entertainment Type (select all that apply)

Number of Nonfederal Attendees: _____

☐ Food and Beverage ☐ Entertainment Other than Food (e.g. music)

Number of Federal Attendees: _____

☐ Food and Beverage ☐ Entertainment Other than Food (e.g. music)

Exception Type: (Check the appropriate box. The expenditure must meet one of the following exceptions and be a necessary expense.)

☐ Training that meets the requirements of the Government Employees Training Act

☐ Awards Ceremony (5 USC 2105) OC 25.2X

☐ Representation Funds (requires approval of NIH Director) OC 25.2C

☐ Emergency (threat to Human Life or Federal Property) OC 25.2X

☐ Statutory Permission Cite Statute _____ OC 25.2X

Necessary Expense Justification: (this is an explanation of why the food and beverage is critical to the mission of the IC and how it relates to the purpose of the appropriation being used to fund it.)

Approvals

Executive Officer:

Signature _____ Date: _____

Printed Name: _____

☐ DDM Approval ☐ DDM Disapproval

Signature _____ Date: _____

If Official Representation Funds are used the approval of the NIH Director is required.

Director's Signature: _____