**New Mexico Highlands University**

**Office of Academic Affairs, PO Box 9000, Las Vegas, NM 87701**

**FOOD AND ENTERTAINMENT**

**Request for Expenditure Approval**

Submitted by (print name):

Department:

Name of Event:

Description and Purpose:

Date of Event:

Target Audience:

Expected Number of Participants:

Describe how you plan to measure the impact of this event on your program. (Provide specific documentation of the program’s anticipated impact on students, staff, or faculty and/or impact on others outside the University.)

Approved: Date:

 Coordinator - Academic Enrichment Program

***Approval of the Provost and Vice President for Academic Affairs***

Signature: Date: Dr. Teresita E. Aguilar