**THUNDER BAY REGIONAL HEALTH RESEARCH INSTITUTE**

**Business Plan**

**for Provision of Hospitality/Alcohol**

**at a Proposed Event**

**Name:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attendance Date:\_\_ \_\_\_Hospitality Event:\_\_\_\_\_Y\_\_\_N\_\_\_**

**EXPECTED EXPENSES AND PURPOSE OF EVENT:**

|  |  |  |
| --- | --- | --- |
|  | **Details** | **Expected Amount** |
| **Food** |   |  |
| **Alcohol** |  |  |
| **Other (describe):** |  |  |
| **TOTAL** |  |  |
| **RATIONALE FOR PROVIDING HOSPITALITY/NON-ALCOHOL:** |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Peter Myllymaa

|  |  |
| --- | --- |
| **Account Distribution:** |  |

FIN-14