The Office of Finance and Human Resources
College of Family and Consumer Sciences
UNIVERSITY OF GEORGIA

Event Pre-approval Request Form

- **Complete all fields and route for signatures of business manager, dept head/ director, and Director of Finance at least five business days prior to event.**
- **All expenses must follow applicable policies and guidelines**

Event Details

Event Name: **Event Date:**

Location: **Beginning & End Time:**

Dept Name: _____ **Contact Person(s):** _____

Business Purpose of the Event:

Select Attendees: **# of Attendees (est):** _____

Will the Dean Attend? **Will Alcohol be served?**

Funding

UGA Foundation (UGAF@Work): _____ **Estimated Amount:** _____

Chartstring (FMS State/Other): _____ **Estimated Amount:** _____

Additional Chartstring(s) _____ **Estimated Amount:** _____

Total Event Estimated Cost: 0 **Food/Meal Only Cost:** _____

(Include all costs, i.e. venue, meal, delivery, gratuity, etc)

Total Event Cost Per Person: NaN **Total Meal Cost Per Person:** NaN

By signing, I confirm funding is available and costs are appropriate

Business Manager Signature: _____ **Date:** _____

Dept Head/Director Signature: _____ **Date:** _____

Reviewed/Approved

_____ _____

Chief Business Officer/Delegated Authority/Dean (as needed) **Date**

Comments:

Revised 07/01/2026