



Event Pre-approval Request Form

Actions to be taken:

1. Complete all fields in the form. For any questions, please contact OFHR at facsbu@uga.edu.
 - a. Please reference Foundation and State policies for meal cost and alcohol guidelines.
 - b. **Events held on or off campus for employees > 6 attendees must have a pre-approval form with the expense.**
2. The Department's Administrative or Financial Staff will route the completed form through DocuSign for appropriate signatures.
 - a. Please ensure all selection fields are completed and comments boxes are completed and accessible for approval input to avoid delays.
 - b. **Routing distribution:** Business Manager, Dept Head/Director, and then Chief Business Officer.
 - c. **Please route for signatures at least five days in advance of event.**

Event Details

Event Name: _____ Date: _____

Location: _____ Beginning & End Time: _____

Dept Name: _____ Contact Person(s): _____

Business Purpose of the Event: _____

Funding

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

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

Please provide additional information

Select Attendees: _____ # of Attendees: _____

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

Itemized Total Estimated Cost: _____

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

Total Event Cost Per Person: _____ Total Meal Cost Per Person: _____

Business Manager Signature: _____ Date: _____

Dept Head/Director Signature: _____ Date: _____

Reviewed/Approved

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

Date

Comments: