



## Department Event Pre-approval Request Form

*Events that are held on or off campus for faculty and staff using State or Foundation Funds  
must have pre-approval by the Dean*

### EVENT DETAILS

Event Name: \_\_\_\_\_

Date & Location: \_\_\_\_\_ Beginning and End Time: \_\_\_\_\_

Dept Name: \_\_\_\_\_

Contact Person/Requestor Name: \_\_\_\_\_

Funding to be used:

FAME Fund Name & Number: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

FMS Dept ID Name & Number: \_\_\_\_\_ Estimated Amount: \_\_\_\_\_

Provide a description of the event: \_\_\_\_\_

\_\_\_\_\_

How will this event advance the University's Mission: \_\_\_\_\_

\_\_\_\_\_

Please provide additional information:

Attendees: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Itemized Estimated Cost: \_\_\_\_\_

Cost per Person: \_\_\_\_\_

Will Alcohol be served?

Department Head Signature: \_\_\_\_\_

\_\_\_\_\_

Reviewed/Approved by:

\_\_\_\_\_

FACS Dean/CBO or Delegated Authority

Date

Comments:

### Actions to be taken

1. Department Administrative or Business Staff will route the form for appropriate signatures through DocuSign ensuring all fields are completed and comments box is accessible for Dean/CBO Input.
2. Please route for signatures at least five days in advance of event.