



Official Function Form

A. Describe event and benefit to University of Arkansas:

B. Attendees: Attendee list should include state and non-state employees. Please include Name, Title, and Company/Institution. (Note: May provide list as an attachment.)

C. Location: _____

D. Dates of Event: _____

(Note: It is recommended that this form be approved PRIOR to the event.)

E. Estimated Meeting Expenses:

Meeting Room/Rental Charges	\$
Food Expenses	\$
Miscellaneous Expenses (Must Define):	\$
Other (Must Define):	\$
Total Estimated Meeting Expense	\$

Notes:

No Tips over 20%

NO ALCOHOL

Sponsored Program funded meals per person limited to:

- o \$16 breakfast
- o \$19 lunch
- o \$28 dinner

Questions – Contact Business Services.

F. Return to: _____ Department: _____

(PRINT) Requester Name

Email: _____ Phone: _____

G. Required Signatures: The requester and an approver at a higher level (i.e. budgetary head, dean, etc.).

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Approved forms are to be submitted along with a Requisition, PCard Receipt, Expense Report, Travel Claim, or Administrative TCard Receipt to Business Services.

Business Services Revised 7/23/2025