



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.)

Blank lines for attendee information

C. Location: \_\_\_\_\_

D. Dates of Event: \_\_\_\_\_

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

E. Estimated Meeting Expenses:

Table with 2 columns: Expense Category, Amount (\$)

Note: Without prior approval from Travel Office reimbursements for state employees for meals, including sales tax and up to 20% gratuity cannot exceed the federal per diem rate, as established by the U.S. General Services Administration.

Sponsored Program funded meals per person limited to \$20 for breakfast, \$25 lunch, \$45 for dinner.

NO ALCOHOL PURCHASED.

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, Reimbursement Claim Form, Travel Claim, or Administrative TCard Receipt to Business Services.

Business Services Revised 12/2018

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The University of Arkansas is an equal opportunity/affirmative action institution.