

Official Function Form

A. Describe event and benefit to UAMS:

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: _____

Notes:

D. Dates of Event: _____

(Note: This form is required for approval of the official function.)

Tips-15%; groups of 8 or more - 20%. Tips cannot exceed 20%.

E. Estimated Meeting Expenses:

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

UAMS Catering is required; if not available, attach email.

UAMS is tax exempt. Direct billed expenses should not have taxes.

Meals cannot exceed the federal meal allowance per employee.

NO ALCOHOL IS ALLOWED.

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 to UAMS Travel Management.