

Official Function Form

(For meals that fall under Board of Trustees Policy
 260.1 Official Function Policy - not on travel status)

Requestor _____

Dates of Meeting _____ through _____ Driving Worktag _____

Meeting Start Time _____ Meeting End Time _____

- No tips over 15% unless required by restaurant or supplier
- Per person cost should be reasonable compared to per diem rates for location
- No alcohol purchases

Meeting Attendees (May provide a list as an attachment):

Name	UADA Employee?		If no, other affiliation
	Yes	No	

Describe event and benefit to the Division as well as justification for providing meal/refreshment:

Signature

Date

Requestor _____

Supervisor _____
