



# Official Functions and Expenses Pre-Approval Form

## Universities of Wisconsin

**REQUIRED:** *Either this form, or a Spend Authorization request within Workday must be completed PRIOR to incurring any expense pursuant to Universities of Wisconsin Administrative Policy 312.*

Requestor Name and Title:

Date of Event:

Estimated Event Cost \$:

Funding: Cost Center

Fund

Program

Project

Gift

Description of Official Function or Expense (required and must include date of function or expense):

If applicable, describe the business purpose for attendance of attendee spouses/significant others or guests:

Regarding the Official Function or Expense described above, the undersigned fully understands and verifies the following:

1. I have reviewed Universities of Wisconsin Administrative Policy 312, Official Functions and Expenses, in its entirety and understand all of the provisions and requirements of the policy.
2. This Official Function or Expense is a university sponsored event or expense that substantially advances or contributes to the University's mission.
3. The source of funds for expenses related to this Official Function or expense is a gift, program revenue or trust fund such as 161, 233, 136, & 131 funds and not general purpose revenue (GPR) or Sponsored Funds (Grants) .
4. I understand the nature and full extent of any restrictions or requirements related to the allowed uses of the proposed funds, including consideration of donor intent if the fund source is a gift.
5. The expense amount is reasonable and moderate.
6. I understand that the consequences of non-compliance are non-payment/reimbursement.
7. I am prepared to defend the approval of this Official Function or expense should there be an open record or audit related inquiry.

**Requestor Signature:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Signature of Approving Authority:**

(The UW System President, UW System Vice President, or a Chancellor, Vice Chancellor, CFO, CBO, Dean, or Expense Operations Lead)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*MUST be prior to incurring the expense.*