

			Business Services
		Official Function Form	eason for Event/
	A. Describe event and benef	it to University of Arkansas:	leeting
	(Note: May provide list as an a	should include state and non-state e ttachment.)	List of Attendees
10 10 10			6 6 6
All estimated expenses	C. Location: D. Dates of Event:		Where is the Event/Meeting being held?
or Event/ Meetina	(Note: It is recommen E. Estimated Meeting Expen	ded that this form be approved PRIOR to t ses:	When is the Event/ Meeting?
	Meeting Room/Rental Charges	\$	Note: Reimbursements for state employees for meals,
	Food Expenses	\$	including sales tax and up to 20% gratuity cannot exceed
	Miscellaneous Expenses (Must Define):	ş	the federal per diem rate, as established by the U.S.
	Other (Must Define):	\$	General Services Administration, without prior
	Total Estimated Meeting Expense	\$	арргоval from Your Departmental
	F. Return to:	Department:	Administrator or who will be placing
NOTE: Mu	IST Email:	Phone:	the order.
oe turned o BSVC.	in G. Required Signatures: The dean, etc.).	requester and an approver at a higher	Who is requesting
	Requested By:	Date:_	the Event/Meeting
	Administrative TCard Receipt to Business 5 Business Services Revised 12/2018		Approval such as Supervisor,
		 Fayetteville, Arkansas 72701 · (479) 575- ansas is an equal opportunity/affirmative a 	