

# Official Functions and Expenses Pre-Approval Form

University of Wisconsin – Madison  
Accounting Services  
21 North Park Street, Madison WI 53715-1218  
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**REQUIRED:** *This form MUST be signed PRIOR to incurring any expense associated with any function or expense pursuant to University of Wisconsin-Madison Policy 3075 - Official Functions and Expenses.*

Requestor Name and Title: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Estimated Event Cost \$: \_\_\_\_\_

Default Funding: Dept ID \_\_\_\_\_ Fund \_\_\_\_\_ Program \_\_\_\_\_ Project \_\_\_\_\_

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

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. I have reviewed University of Wisconsin –Madison Policy 340, 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.

If applicable, describe the business purpose for attendance of attendee spouses/significant others or guests (if not related to a House Hunting Trip as provided in this Policy):

## Signature of Approving Authority:

(Chancellor, Vice Chancellor, Dean, Division Chief Financial Officer, or delegated Division Business Office Executive)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*MUST be prior to incurring the expense.*