

**University of Alaska Anchorage**  
**Representational and Non-Representational Expenditure Approval Form**

Complete this form and fax it to Financial Services (Accounts Payable) 786-4827. Upon approval the form will be faxed back to you. If you are using UAA Seawolf Catering, you must submit this approved form with your event request. Upon receipt of both documents, UAA Seawolf Catering will plan and book your event. Questions about this form: Contact AP Manager at 786-1446.

Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Vendor or Payee: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Method of payment: PO \_\_\_ LPO \_\_\_ JV \_\_\_ Employee Reimbursement \_\_\_ Procard (non-rep only) \_\_\_ \*Use of the Procard for non-representational expenses must be pre-approved on this form.

Does event/activity include alcohol? \_\_\_ Yes \_\_\_ No If yes, please break out the alcohol amount and indicate an allowable funding source other than a UAA general fund and attach a copy of the approved Request for Beer and Wine.

Does this request include gifts? \_\_\_ Yes \_\_\_ No If yes, please provide the name of the recipient(s) and all other required documentation as per BOR R05.02.070(F)(5). Attach additional pages if needed.

Provide the fund/org/acct for event:

Fund: \_\_\_\_\_ ORG: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fund: \_\_\_\_\_ ORG: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Business reason or benefit gained or expected to be gained by the university: \_\_\_\_\_

Meal/food provided and business reason for serving food: \_\_\_\_\_

Names of university employees attending event (Attach a list if needed): \_\_\_\_\_

Names of non-employees attending including occupation, title or other information sufficient to establish the business relationship (Attach a list if needed): \_\_\_\_\_

**Certification of benefit to the university and appropriateness of the expenditure:**

In addition to the other documentation required by UA BOR Regulation R05.02.070, all requests for payment of representational expenditures shall include the following certification:

**"I certify that the expense(s) included in this request for reimbursement or payment was (were) incurred for the benefit of the university or the respective funding agency in connection with the performance of official duties and obligations, and that, in my opinion, such expenditure(s) represent an appropriate use of public or other funds used to support the expenditure."**

\_\_\_\_\_  
Printed Name of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Phone Number/Fax number

\_\_\_\_\_  
Signature of Dean, Director or designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Phone Number

All on-campus events with a food cost of more than \$100 must be catered by UAA Seawolf Catering. In limited circumstances, a waiver to use another source of catering may be granted. Contact the Contract Manager at 751-7251 for more information.

\_\_\_\_\_  
Signature & Date - University Housing/Dining/Conference Services (if applicable) Send form to Financial Services after obtaining waiver signature.

\_\_\_\_\_  
Signature & Date, Financial Services **REQUIRED**

\_\_\_\_\_  
\*Procard approved / Disapproved