

Rady Faculty of Health Sciences

Hospitality Event Pre-Approval Form

Please provide completed form to Rady FHS Finance, who will submit for final approval and return via email.

College (circle)	Dentistry / Medicine / <u>Nursing</u> / Pharmacy / Rehab Sciences / RFHS		
Department/Unit Hosting:	_____		
Name of Event:	_____		
Date:	_____		
Location:	_____		
Type of Event/Purpose:	_____		
Attendees	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
Number of Attendees (ie # of staff, professors, donors):			
Food & Beverages Served:	_____		
(alcohol is <u>not</u> an allowable RFHS expense, and should not be included for pre-approval or reimbursement)	_____		

Caterer:	_____		
Total Catering Charges:	\$ _____	Per person = _____	
Funding	<input type="checkbox"/> Internal	<input type="checkbox"/> External	
FOP (amount per FOP)	\$ _____	\$ _____	
(See acct #70676 for options)	\$ _____	\$ _____	
	\$ _____	\$ _____	

Form completed by: _____ Date: _____

Approved By: _____ Date: _____
(Department Head Signature)

Approved By: _____ Date: _____
SFO Signature

Approved By: _____ Date: _____
Dean Signature

Email completed form to: Sam.Vagianos@umanitoba.ca - Dentistry/Rehab Sciences
cc: relevant College Amanda.Kinnell@umanitoba.ca - Medicine/RFHS
XX Mark.Boiteau@umanitoba.ca - Nursing/Pharmacy