# College of Pharmacy <br> <br> EVENT \& BUDGET REQUEST FORM <br> <br> EVENT \& BUDGET REQUEST FORM ROUTING CHECKLIST 

Name of Event: $\qquad$ Please follow the routing path below 30 days prior to your event.
DateSubmitted: $\qquad$

## Event and Budget Request Approval Process

ㅁ Complete the event and budget request approval form including the budget estimate - Department assigns the account number in the approved funding source columnRoute form to your Department/Unit head for approval
ㅁ Route to the Business Affairs Office Accountant (copbao2@uga.edu) for funding source search/check

Business Affairs Office confirms availability of funding source and donor intent and routes to the Director of Finance and Administration for signature via DocuSign
$\square$ Business Affairs Office Accountant will make a PDF copy of form for Business Office records

ㅁ Business Affairs Office Accountant notifies requestor of approval and includes a signed PDF copy of the event form
$\square$ If applicable, External Affairs is also notified of use of foundation funds for stewardship purposes

COMPLETED BY THE BUSINESS AFFAIRS OFFICE
$\square$ Complete the UGA Foundation Event Approval Form (if applicable)

## College of Pharmacy

## EVENT \& BUDGET REQUEST FORM

Complete form 30 days prior to your event.
If your event is reoccurring (i.e. weekly seminar or meeting), please complete the form for the entire semester with a total estimate.

| EVENT INFORMATION |  |
| :--- | :--- |
| Today's Date |  |
| Event Planner's Name and <br> Contact Information |  |
| Department/Unit/ <br> Student Organization |  |
| Name of Event (should match <br> name in Gail) |  |
| Date of Event |  |
| Would you like the Dean to <br> attend your event? | Yes__No_ No_ Yes, confirm the Dean's schedule with ToniPhelabaum. |
| Start Time/End Time of Event |  |
| If hosting a speaker, please notify the Office <br> of Development and Alumni Relations. | Contact Kim Hamby at kihamby@uga.edu |
| Location of Event <br> (include address) |  |
| Business Purpose <br> (Payment purpose) |  |
| Estimated number of Attendees <br> and Relationship with College |  |
| Event Description <br> (Brief description of your event <br> and its Potential Impact/ <br> Desired Outcome) |  |
| The CoP is proud to host alumni and <br> other constituents at events. If hosting <br> a speaker, please provide their name, <br> the time they are speaking, and the <br> topic. |  |

## BUDGET-Expenses

> Attach supporting documentation for items listed below if applicable
> Include a minimum of two estimates of catering, rentals, etc.

| Estimated <br> Expenses | Amount <br> Funding Source | UGA System to <br> Process Financial <br> Transaction |  |
| :--- | :--- | :--- | :--- |
| Venue/Facility Rental |  |  |  |
| Catering/Food/Beverage |  |  |  |
| Speaker |  |  |  |
| Equipment rental (Tables, chairs, <br> etc.) |  |  |  |
| *Facilities Management Division cannot <br> use foundation funds |  |  |  |
| Entertainment |  |  |  |
| Supplies (Office, etc.) |  |  |  |
| Advertising / Promotional <br> Printing |  |  |  |
| Postage |  |  |  |
| Technology Expense (AV, etc.) |  |  |  |
| Total Estimated Expenses: |  |  |  |
| Total Catering Price per <br> Person: |  |  |  |
| Decorations/Floral |  |  |  |
| Custodial Services |  |  |  |
| Items needed from CoP Event <br> Department <br> (Ex: tablecloths, vases, <br> centerpieces...) |  |  |  |


| BUDGET Income |  |  |
| :---: | :---: | :---: |
| Estimated Income | Amount | Account Income to be Deposited |
| Income (specify) |  |  |
| Income (specify) |  |  |
| Income (specify) |  |  |
| Income (specify) |  |  |
| Total Estimated Income |  |  |
| Total Estimated Cost* |  |  |

*Total Estimated Expenses - Total Estimated Income $=$ Total Estimated Cost

Notes:

| APPROVALS |  |  |
| :--- | :--- | :--- |
| Person | Signature | Date |
| Requested by |  |  |
| Approved by Unit Head |  |  |
| Approved by Director of <br> Finance/Administration |  |  |
| Approved by Dean |  |  |

This form is for your planning purposes only. Do not submit with your Event and Budget Request Form.

| Event Details to Consider | Who to Contact | Date Initiated | Date Completed |
| :---: | :---: | :---: | :---: |
| Do you need to reserve a room? | Place a Room Reservation Request via https://helpdesk.rx.uga.edu/ |  |  |
| Will you need video conferencing, recording or AV? | Place a Videoconferencing and Recording Request via https:// helpdesk.rx.uga.edu/ |  |  |
| Do I need facilities management support (tables, chairs, trashcans, custodians, etc.) or the lock schedule for the building changed? | Place a Facilities Request via https://helpdesk.rx.uga.edu/ |  |  |
| Will you need name badges? |  |  |  |
| Will you need to order any office supplies? |  |  |  |
| Will you need additional signage for the event? |  |  |  |
| Will you need additional staff support/volunteers (set up/break down, greeters, etc.)? |  |  |  |
| Do I need graphic design support (flyers, invitations, etc.), advertising (social media, PharmDawg Script, etc.) or production of products using the College Logo? | Contact Mickey Montevideo mickeym@uga.edu |  |  |
| To publish your event to the CoP Master Calendar | Contact Mickey Montevideo mickeym@uga.edu |  |  |
| Do I need catering support items (tablecloths, coffee pot, etc.) or decorative items (centerpieces, etc.) | Contact Ashley Townsend amtown@uga.edu |  |  |
| Do you need to enter your event in GAIL? |  |  |  |
| If Hosting a Speaker, do I have a "thank you" prepared for them? | Contact Ashley Townsend amtown@uga.edu |  |  |
| Do I need a hotel reservation? |  |  |  |
| If providing a meal for a guest speaker, be sure to include total in Event Budget Request above. |  |  |  |

