

**COLLEGE OF PHARMACY
EVENT & BUDGET REQUEST FORM
ROUTING CHECKLIST**

Event Number _____

Name of Event: _____

Date Submitted: _____

**Please follow the routing path below
30 days prior to your event.**

Event and Budget Request Approval Process

Complete the event and budget request approval form including the budget estimate - Department assigns the account number in the approved funding source column

Route form to your Department/Unit head for approval

Route to the Business Affairs Office Accountant (copbao2@uga.edu) for funding source search/check. Include Event & Budget request form, catering/food estimate, last year's Event & Budget request form.

Business Affairs Office confirms availability of funding source and donor intent and routes to the Director of Finance and Administration for signature via DocuSign

Business Affairs Office Accountant will make a PDF copy of form for business office records

Business Affairs Office Accountant notifies requester of approval and includes a signed PDF copy of the event form

If applicable, Development and Alumni Relations is also notified of use of foundation funds for stewardship purposes

Checklist

Please confirm everything below is completed/included before sending to copbao2@uga.edu. If anything is missing your form will be returned.

Event & Budget request form

Funding source added

Signed by Unit head

Catering/Food estimate

Last year's Event & Budget request form

COMPLETED BY THE BUSINESS AFFAIRS OFFICE

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

BUDGET–Expenses

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

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

**BUDGET –
Income**

- *If applicable, complete this section if you are collecting registration, fees, sponsorship funds, ticketsales,etc.*
- *Complete Foundation form if income is collected through GAIL system*

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 Finance/ Administration		
Approved by Dean		

OTHER EVENT DETAILS TO CONSIDER

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 Yongue mickeyy@uga.edu		
To publish your event to the CoP Master Calendar	Contact Mickey Yongue mickeyy@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.			