COLLEGE OF PHARMACY EVENT & BUDGET REQUEST FORM ROUTING CHECKLIST

Name of Event:

| Event Number | _ |
|--------------|---|
|--------------|---|

| arrie or | Event: Please follow the routing path below |
|----------|--|
| te Subr | mitted: 30 days prior to your event. |
| Evei | nt 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 |
| Plea | ecklist use confirm everything below is completed/included before sending to copbao2@uga.edu. If anything is using 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 Gayle Kromhout | | |
| Start Time/End Time of Event | | | |
| If hosting a speaker, please notify the Office of Development and Alumni Relations. | Contact Gordon Thomas | | |
| 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

- \succ 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.) *Facilities Management Division cannot use foundation funds | | | |
| 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) | | |
| Total Estimated Income | | |
| Total Estimated Cost* | | |

| Notes: | | | |
|--------|--|--|--|
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| 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 <u>your planning purposes</u> 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.ed u/ | | |
| 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. | | | |