Print

Reset

The University of Georgia Foundation

Reimbursement of University Related Entertainment

(1) UGAF Check Request Number: _____

(2) Source of Funding: OneSolution Account #: _____
OneSolution Account Name: _____

(3) Amount to be Reimbursed: _____

(4) Time, Date, and Place of Occasion: _____

_____

(5) University Related Business Purpose Served by the Occasion: _____

_____

(6) If Alcohol was served, please check to confirm the UGA alcohol policy was followed: ☐

(7) Listing of Individuals Entertained:

***If Academic VP or Dean is a participant, please obtain SrVPAA & Provost approval before submitting to Foundation**

Names or Categories or Guest List or Defined Group	Relationship to University

Entertainment Approved By: _____
(Sign & Date)