

OFFICIAL FUNCTION/TRAINING FUNCTION FORM

State Fiscal Rule 2-7:

Official functions and training functions shall be held to achieve program objectives and shall be limited to reasonable and actual costs. The attendance of state employees at official functions shall be kept to a minimum and shall include only those individuals directly related to the purpose of the function. Expenditures shall be kept to a minimum as they have the potential of being perceived to be for personal benefit and an abuse of public funds. Expenditures incurred for official functions shall be approved by the chief executive officer or by a representative of the State agency or institution of higher education that has been delegated authority by the chief executive officer.

Definitions:

Official Function – A meeting, conference, meal, or other function that is hosted by the chief executive officer, or representative, of a State agency or institution of higher education, attended by guests and/or State employees, and held for official State business purposes.

Training Function – A meeting, conference, or other function which is hosted by a state agency or institution of higher education, attended by customers of the State and/or State employees, and held to enhance staff knowledge or to educate customers of the State or State employees, that are affected by the State agency or institution of higher education's operations or regulations. Training functions should have a written agenda, study materials, and be led by an identified presenter.

CCD Procedure:

A completed, signed copy of this form shall be attached to all expenses (room rental, food, etc.) related to the function.

Signatures:

All official function/training function forms must be signed by the requester, org owner and their vice president prior to the event. The president's signature is required if the cost equals or exceeds \$1,000.00.

Function Description: _____

Date: _____	Estimated Costs
Time: _____	Food: \$ _____
Location: _____	Room Total: \$ _____
Org Code(s): _____	Other: \$ _____
Contact Person: _____	Total: \$ _____

Please Print Name and Phone Extension

Requestor: _____ (Required) Print Name	_____	_____
	Signature	Date
Org Owner: _____ (Required) Print Name	_____	_____
	Signature	Date
VP/Provost: _____ (Required) Print Name	_____	_____
	Signature	Date
President: _____ (Required if \$1,000+) Print Name	_____	_____
	Signature	Date

List attendees, titles, and agency (include here or attach list). Clearly identify State employees.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____