



SPECIAL MEETING FORM

A. **Describe event and benefit to UALR or State:** _____

B. **Attendees:** Attendee list should include state and non-state employees. Please separate the state and non-state employees. **Note:** May provide list as an attachment.

C. **Location:** _____
Note: Sodexo has first right to refusal for catering events on campus (UALR sponsored or Private), inclusive of events paid for from Foundation funds. The only exceptions are for the Benton Center and **athletic-related** events in the Jack Stephens Center. Written release from Sodexo must be attached if other catering sources will be used.

D. **Date(s) of Meeting:** _____
Note: Form must be approved PRIOR to the event date.

E. **Estimated Meeting Expenses**

Lodging	\$
Meeting room/rental charges	\$
Food expenses (meals x number of attendees)	\$
Misc Expenses (soft drinks, ice, plates, etc)	\$
TOTAL ESTIMATED MEETING EXPENSE	\$

F. **Required Signatures**

Requested by: _____ Requester	Date: _____
Approved By: _____ Budgetary Head	Date: _____
Approved By: _____ Associate Vice Chancellor for Finance	Date: _____

Approved forms are to be submitted along with a Purchase Requisition, Reimbursement Claim Form, or Travel Authorization Form to the Purchasing department.