

UAA Representational (Rep) Expense Allowance Form

Representational expenses are defined in UA BOR [R05.02.070](#)

Representational (Rep) Allowance forms must be completed for all activities that fall into the following categories. These types of expenditures most typically include entertainment (8115) or commodity or gift (4008/4018) type expenses. It may also include catered events, meals provided during a work session (3008/3018), or catered fundraising events (3038/4038). See Rep Allowance Guidelines for details.

Any 8115 expense over \$200, and any gifts or "other discretionary expenditures" expense, requires the signature of the Rep Allowance designee (assigned by the Chancellor). Any non-8115 entertainment-like expenses, or any 8115 expense under \$200 can be approved by the fiscal or account manager, with the exception of gifts and "other discretionary expenditures." The purchase of gifts costing more than \$100 requires approval of the VC Administrative Services.

Event: _____ **Date of Event:** _____

Vendor Name: _____ **Location of Event:** _____

Method of Payment: PO LPO Reimbursement Procard (**Non-rep ONLY**)**

****Use of the procard for non-representational expenses must be pre-approved on this form by the Procard Administrator**

Does this event include alcohol?: No Yes**

****If yes, please break out the alcohol amount (including bartender and liquor license fees), indicate an allowable non-public funding source, and attach a copy of the approved Request for Beer and Wine**

Does this request include gifts?: No Yes**

****If yes, please provide the name of the recipient(s) and all other required documentation as per BOR R05.02.070(F)(5).**

Attach additional pages if necessary.

Provide the fund/org/acct for event (provide grant number, if restricted funds will be used):

Fund: _____ Org: _____ Account: _____ Amount: \$ _____ Grant #: _____
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Business reason and benefit gained or expected to be gained by UAA. Include an activity description or nature of business discussion to occur: _____

List of attendees including business relationship (role/title) and names of any UA employees to be present for meal/entertainment. Identify groups if applicable. Attach agenda/list if applicable: _____

Certification of benefit to the university and appropriateness of expenditure:

I certify that the expense(s) included in this request for reimbursement or payment are incurred for the benefit of the university or the respective funding agency in connection with the performance of the official duties and obligations, and that, in my opinion, such expenditure(s) represent(s) an appropriate use of public or other funds used to support the expenditure.

(Print Name) Designated Signature Authority (if 8115 over \$200): _____

(Print Name) Fiscal Signature Authority (if 8115 under \$200, or non-8115): _____

(Signature) Certified and approved: _____ **Date:** _____

Grants & Contracts approval (required if using a restricted fund): _____ **Date:** _____

Procard Administrator approval (required if using a procard): _____ **Date:** _____

UHDCS waiver approval:** _____ **Date :** _____

Reason for waiver request: _____

****Waiver must be obtained if self-catering an on-campus event costing \$250 or more.**