Event Pre-Approval Form

Required for all events occurring in Spring 2024 Semester

Saint Martin's
U N I V E R S I T Y

EVENT PLANNER INFORMATION

NAME		DEPARTMENT

SIGNATURE	EMAIL	PHONE NUMBER

EVENT INFORMATION

NAME OF EVENT	EVENT DATE mm/dd/yyyy	REQUEST DATE mm/dd/yyyy

BUSINESS PURPOSE EXPLANATION - Why is the event required? How does the event benefit the University? Is this a student-centered event?

BUDGET INFORMATION

FUNDING SOURCE (INCLUDE BUDGET NUMBER XX-XX-XXXX)	IS THE EVENT FUNDED BY A GRANT? ☐YES ☐NO

DESCRIPTION (food, supplies, rental etc.)	ESTIMATED $	Comments

DOES THIS EVENT MEET THE DEFINITION OR ESSENTIAL EXPENSE AS DESCRIBED IN THE EXPENDITURE GUIDELINES?   ☐YES   ☐NO

If no, why is this purchase justified?

ADDITIONAL DETAILS THAT THE APPROVER SHOULD BE AWARE OF REGARDING THIS PURCHASE? PLEASE EXPLAIN.

PLEASE ATTACH ANY DOCUMENTATION THAT MAY BE HELPFUL TO APPROVER (e.g. quotes, draft contract, product description, etc.)

SUPERVISOR CERTIFICATION

I CERTIFY THAT THIS PURCHASE IS ESSENTIAL TO ADVANCE AND FURTHER MY DEPARTMENT AND/OR COLLEGE/DIVISION'S MISSION.

_____   _____
Approved by Supervisor (if not cabinet member)   Date   Approved by Cabinet Member (over $500)   Date

_____   _____
Approved by CFO, Provost or President (over $5,000)   Date   Approved by Grant Accountant (if needed)   Date