

ADVANCE APPROVAL REQUEST

DATE: _____

TO: Kathy Fryer
Provost Budget Office

THROUGH: _____
Dean/Director (Dean/Director Signature)

FROM: _____
Dept Administrator/Business Officer (Dept Admin/Bus Officer Signature)

DEPT: _____
Department Name & Number

**Department requests approval to use non-discretionary funds to pay for
EMPLOYEE MEALS AND OTHER SELECTED ITEMS* during the following activity:**

Planning, Administrative Meetings
 Other

Faculty / Staff Retreats

Cost/Funds Center: _____

Commitment Item/
G/L Acct: _____

Estimated \$ amount: _____

Date(s) of activity: _____

Purpose:

Location: _____

Contact Name: _____ Contact phone #: _____

Approved:

Disapproved:

Kathy Fryer

* Refer to the UK Discretionary Expenditure Policy (<http://www.uky.edu/EVPFA/Controller/aphome/dispolcy.pdf>) for expenses requiring advance approval.

Send completed form to: Provost Budget Office
355 Patterson Office Tower
0027
Fax: 859/257-1797