

# ADVANCE APPROVAL REQUEST GRANTS

DATE: \_\_\_\_\_

TO: Trish Polly  
Budget Director, College of Medicine

FROM: \_\_\_\_\_  
Department Administrator (Dept Admin Signature)

DEPT: \_\_\_\_\_

**Department requests approval to use grant funds to pay for EMPLOYEE MEALS\* during the following activity:**

Planning/Administrative Meetings  Other

WBS Element: \_\_\_\_\_ PI signature: \_\_\_\_\_

Commitment item\  
G/L Acct: \_\_\_\_\_

Budget is available in this g/l acct.  Yes  No

Estimated \$ amount: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

Purpose:

Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

**Approved:**  **Disapproved:**

\_\_\_\_\_  
*Trish Polly*

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