

Rady Faculty of Health Sciences

Hospitality Event Pre-Approval Form

Please provide completed form to Rady FHS Finance, who will submit for final approval and return via email.

College (circle)	Dentistry / Medicine / Nursing / Pharmacy / Rehab Sciences / RFHS		
Department/Unit Hosting:			
Name of Event:			
Date:			
Location:			
Type of Event/Purpose:			
Attendees	<input type="checkbox"/>	Internal	<input type="checkbox"/>
			External
Number of Attendees (ie # of staff, professors, donors):			
Food & Beverages Served:			
(alcohol is <u>not</u> an allowable RFHS expense, and should not be included for pre-approval or reimbursement)			
Caterer:			
Total Catering Charges:	\$		Per person =
Funding	<input type="checkbox"/>	Internal	<input type="checkbox"/>
			External
FOP (amount per FOP)			
(See acct #70676 for options)			

Form completed by: _____ Date: _____

Approved By: _____ Date: _____
(Department Head Signature)

Approved By: _____ Date: _____
SFO Signature

Approved By: _____ Date: _____
Dean Signature

Email completed form to: Sam.Vagianos@umanitoba.ca - Dentistry/Rehab Sciences
cc: relevant College Amanda.Kinnell@umanitoba.ca - Medicine/RFHS
Mark.Boiteau@umanitoba.ca - Nursing/Pharmacy