SPONSORED EVENTS FORM

Meal expenses are payable if the criteria listed below is met (check boxes as applicable). For “Headquarters City” requirements, the questions in boxes 1, 2, 4, 5 must be addressed.

Event: ___________________________ Date: ___________________________

Event Location:  ☐ On Campus  ☐ Off Campus

☐ Invoice includes additional costs (meeting room charge, etc.) associated with the use of non-UW facilities for meetings primarily for the participation of UW/State employees. Justification and Controller’s approval are attached.

☐ Additional costs WERE NOT incurred.

☐ Event attended primarily by general public/registration fee Charged

Was the fee collected from participants to cover costs?  ☐ Yes  ☐ No

If yes:  ☐ Brochure/Instructional Approval Form included – must show non-program costs (meals, lodging, breaks, etc.) included in fee.

☐ List of staff and instructors/speakers included

1. Allowable Expenses: (Check the box that pertains to the event)

☐ The meeting was held at the headquarters city of the majority of the attendees and business could not be effectively conducted without the inclusion of a meal.

☐ The meal was provided in the headquarters city and a mealtime speaker was scheduled.

☐ Business was conducted during the meal.

☐ Facilities were not available near the meeting location for attendees to eat on their own.

2. Reasonable Approved Expenses:

☐ The meal expenses, for State/UW employees, including tax and tip, were within the allowable State maximums and meal expenses for all non-State/UW employees are reasonable and in accordance with the Division’s Dean/Director’s office policy.

3. Catering:

The University has established written policies that must be followed when catering food. The guidelines can be found at: http://www.uwex.edu/business-services/policy/section/20

☐ Contract signed by Purchasing Department before event.

☐ Insurance certificate received by Purchasing Department before event.

4. Documentation Requirements:

☐ Business Purpose: __________________________________________________________

Event Name: _______________________________________________________________

Purpose: _________________________________________________________________

Number of attendees: ______________________________________________________

Date and time (start and end): ______________________________________________

☐ Meeting agenda, which includes above information attached (Preferred).

5. Participant Information:

☐ A list of meeting participants including name and affiliation is attached (Required).

6. Lodging:

☐ Supervisor’s approval – for lodging within 50 miles of an employee’s headquarters city.

☐ Occupants are official participants only and do not include long-distance calls, room service, etc.

7. ____________________________ Dept. Chair signature for Headquarters City Employees