

Event Pre-Approval Form

Date: _____

Name of the department coordinating the event: _____

Coordinating department's contact name: _____ Phone #: _____ Fax # _____

The account number(s) funding the event: _____

Name of the UAB department or external entity sponsoring the event: _____

Sponsoring department's contact name: _____ Phone # _____ Fax# _____

Event name/title: _____

Event location: _____

Event Date: _____ Event Time: _____

Please check the category below that relates to the nature of the event:

A UAB Sponsored Event

An event sponsored by an external entity

If an external entity is sponsoring the event, please list any past support provided to UAB.

Guest speaker(s) (attach a copy of the announcement or invitation if available):

Proposed UAB attendees (attach a list if necessary): _____

Business purpose and rationale for sponsoring or attending the event (also, attach additional information such as a copy of the invitation, program agenda, or other material that explains the event):

Department Head's Signature: _____ Date: _____

Dean's Office Signature: _____ Date: _____

Executive Level Approval: _____ Date: _____

University Development Office: _____ Date: _____

General/Grants Accounting Review: _____ Date: _____