MCMASTER UNIVERSITY Faculty of Health Sciences

PRE-APPROVAL FOR RECEPTIONS AND UNIVERSITY EVENTS

This form is used for any Receptions and University Eventsⁱ with a budget of \$1,000 or More, and should be submitted to: Executive Director, FHS Finance at least ONE MONTH prior to the Event

Please do not make commitments or incur expenses before approval from the FHS Dean and VP is received.

Please confirm and attest below that you have read and understood the McMaster University Alcohol Policyⁱⁱ

T teuse conjunt un		iesi beion inui	you have read t	<i>11</i>	iuersio	ou m	c micmusu	er Giliversii	y Miconoi I oncy
Date submitted:									
Date of event:									
Requesting Departmen	ıt•								
•		N N ()							U 6 A 4 A
Attendees' relationship to McMaster (check all that apply):									# of Attendees:
Employees		Students	Resider	Residents Do		nors	Other (specify)		
Description of Event (must include the business purpose):									
Name and location of v	enu	e:							
Chartfield being charged: Fund #			Account #			Department #		Program or Project #	
Itemized Budget			Amount			Notes			
Food:									
	Ro	oom Rental:							
	Alcohol:								
	Er	ntertainment:							
Other (please specify):									
Other (please specify):									
		TOTAL: \$	3						
Other relevant suppor Output Venue confirm Event menu Agenda for bus	atio	n showing date of				missic	on):		
*ATTESTATION: I ha		• •	od the <u>McMaster</u> U	Jnivers	sity Alco	hol Po	licy and con	firm that this	event
adheres to the policy.									
Signature of responsib	le pa	arty in host depa	rtment:						
Reviewed by Executive Director, Finance (initials) McMaster University									
Dean and VP, Health Sciences signature Approval Date: Dean and VP, Health Sciences signature									
Dean and VP, Health	Scie	ences signature							

ⁱ Please refer to the <u>AP-01 Guidelines</u> section on Receptions and University Events.

ii Please refer to the McMaster University Alcohol Policy