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**DEPARTMENTAL OFF CAMPUS AUTHORIZATION FORM**

The university requires **prior** approval for all planned departmental functions held at off campus locations by an Approving Authority, the appropriate Vice President, as well as the Associate Vice President for Finance. Prior approval is obtained on this form.

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| **Date of Function:**  |       |

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| **Department:**  |       | **Dept ID:** |       |
| **Contact Person:** |       | **Phone:** |       |
| **Reason for Off Campus Function** (Please check appropriate box and provide additional details):  |
| **Training Function** [ ]  **Employee Engagement** [ ]  **Other** [ ]   |
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| **Explain Amounts to be Expended** |
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| **Approving Signatures** |  |  |  |
|  |  |  |  |
| Approving Authority |   |  Date: |       |
|  | President, Vice President, Associate VP, Dean, Asst/Assoc Dean, Director, or Dept Head who is the Approving Authority for the DeptID |  |  |
|  |  |  |  |
| Final Approving Authority |   |  Date: |       |
|  | Vice President of DeptID |  |  |
|  |  |  |  |
| Off Campus Retreat Authority |   |  Date: |       |
|  | Associate Vice President for Finance |  |