## **Faculty of Health Sciences**

## **Hospitality Event Pre-Approval Form**

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

College (circle)	Dentistry / Medicine Nursing / Pharmacy / Rehab Sciences				
Department/Unit Hosting:	Family Medicine				
Name of Event:	Gastroenterology Accreditation (PD Dr. Cantor)				
Date:	Wednesday November 15 2017				
Location:	Room 800 JBRC				
Type of Event/Purpose:	Gastroenterology Accreditation (PD Dr. Cantor)				
Attendees	<b>V</b>	Internal		External	
Number of Attendees (ie # of staff, professors, donors):	2	Internal Reviewers (Farnella & Rivard)			
	1	PARIM Rep - TBA			
Food & Beverages Served:	Breakfa	Total # of attendee	s 3		
(alcohol is <u>not</u> an allowable FHS expense, and should not be included for pre-approval or reimbursement)	Lunch: Sandwiches, salad, fruit, coffee & tea				
Caterer:	Caterin	g Trax / Aramark			
Total Catering Charges:	\$ 75.50 - Cost per person = \$ 25			Cost per person = \$ 25%	
Funding	1	Internal	<b>V</b>	External	
FOP (amount per FOP)	FOP	127880 340000 1100	Acct	706752 - Meals for Staff Meetings	
	FOP		Acct		
West Control of the C	FOP		Acct		
Form completed by:		Suzanne Doyle	_Date:	E105 01 redots 0	
Approved By		(Department Head Signature)	_Date:	Oct 10/17	
Approved By:		(see approval levels below)	nda Ki _ <sup>Date:</sup>	nneli	
Email completed form to: cc: relevant College		Holly.Madden@med.umanitoba.ca Sam.Vagianos@umanitoba.ca Nathan.Dueck@umanitoba.ca Amanda.Kinnell@umanitoba.ca		stry cine/Rehab Sciences ng/Pharmacy	

## Approval Levels

Per Person - Total Cost	Dean & Associate VP (up to)	VP or President (up to)
Meal Max	\$40	\$65
Full Day Event Max	\$75	\$100