

OFFICIAL FUNCTIONS COMMITMENT REQUEST			RQ# _____ Line # _____ PARTIAL/FINAL PAYMENT (Circle One)
DEPARTMENT, DIVISION, OR AGENCY			(Copy of Screen Print with proper approvals must be attached.)
PURPOSE OF FUNCTION (Group Luncheon, Reception, etc.)			DATE OF FUNCTION
PAYABLE TO: ADDRESS: CITY: STATE: ZIP CODE: VENDOR CODE: _____			
EXPLANATION OF ESTIMATED DIRECT COSTS (Amounts for food, room rental, etc.)			
CONTACT PERSON	PHONE NUMBER	ESTIMATED NUMBER OF PERSONS ATTENDING	ESTIMATED TOTAL COSTS \$
LOCATION OF FUNCTION			ACTUAL COST \$
SIGNATURE OF PERSON APPROVING FUNDS/EXPENDITURES		TITLE	DATE
APPROVAL OF EXECUTIVE DIRECTOR OR AUTHORIZED DELEGATE		TITLE	DATE

The department executive director or designee must approve an official function. Official functions estimated to exceed one-hundred dollars (\$100.00) must be authorized prior to its occurrence. An official function estimated to cost one-hundred dollars (\$100.00) or less may be approved after it occurs.

STATE EMPLOYEES ATTENDING THE OFFICIAL FUNCTION	
SECTION LEADER(S) BY NAME AND THE NUMBER OF STAFF	POSITION TITLE(S)
VISITING GUESTS OR DIGNITARIES ATTENDING THE OFFICIAL FUNCTION	
NAME (Include "And Spouse", if attending)	AFFILIATION

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH AN EXTRA SHEET.