

REQUEST FOR AUTHORIZATION FOR ALL SOM STUDENT EVENTS

(PLEASE SUBMIT ONLY ONE FORM PER EVENT)

PLEASE PRINT LEGIBLY

Please complete all requested information. Incomplete requests will not be considered. All requests for authorization must be submitted and approved, NO LESS THAN 1 WEEK PRIOR TO THE DATE OF THE EVENT. In addition, please allow 48 hours for the approval process. Requests for reimbursement for expenses incurred in support of a SOM student event without receipt of proper authorization, will not be processed.

Please submit all requests for authorization to: Sameh Gergis
Financial Analyst
Dean's Office, MMEC Rm. 4-232

STUDENT INTEREST GROUP/ORGANIZATION: _____

REQUESTOR NAME(S): _____

E-MAIL OR PHONE: _____

EXPENSE TYPE:

LUNCH LECTURE SPECIAL EVENT SUPPLIES FOOD OTHER _____

DESCRIPTION: _____

DATE OF EVENT: _____ LOCATION OF EVENT: _____

EXPECTED NO. OF ATTENDEES: _____ AMOUNT REQUESTED: _____

NAME OF LECTURER/FACULTY ADVISOR: _____

RECEIVED: _____

APPROVED: _____

Sameh Gergis, Financial Analyst

INDEX NUMBER: _____