

# UAA Representational (Rep) Expense Allowance Form

Representational expenses are defined in UA BOR [R05.02.070](#)

Representational (Rep) Allowance forms must be completed for all activities that fall into the following categories: entertainment or gifts over \$25.00 (8115), gifts under \$25.00 or self-catering (4008/4018/4038), catered events (3008/3018/3038), or prizes for non-employees (8210). See [Rep Allowance Guidelines](#) for details.

Any 8115 expense over \$200, and any gifts or "other discretionary expenditures" expense, requires the signature of the Rep Allowance designee (assigned by the Chancellor). Any non-8115 entertainment-like expenses or any 8115 expense under \$200 can be approved by the fiscal or account manager, with the exception of gifts and "other discretionary expenditures." The purchase of gifts costing more than \$100 requires approval of the Vice Chancellor of Administrative Services.

Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Does this event include alcohol?: ☐ No ☐ Yes

Allowable non-general/non-public funding source: Fund: \_\_\_\_\_ Org: \_\_\_\_\_

Attach a copy of the approved [Request to Serve Beer and Wine](#)

Does this request include gifts?: ☐ No ☐ Yes

If yes, please provide the cost of gift, date of gift, description of gift, business reason or benefit gained or expected to be gained (below), name of the recipient(s) including occupation, title, or other information which establishes the business relationship, and certification of benefit (below) per BOR R05.02.070(F)(5). Attach additional pages if necessary.

Provide the fund/org/acct for expenses (provide grant number, if restricted funds will be used):

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Grant #: \_\_\_\_\_

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Grant #: \_\_\_\_\_

Business reason and benefit gained or expected to be gained by UAA. Include an activity description or nature of business discussion to occur: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of attendees including business relationship (role/title) and names of any UA employees to be present for meal/entertainment. Identify groups if applicable. Attach agenda/list if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification of benefit to the university and appropriateness of expenditure:**

*I certify that the expense(s) included in this request for reimbursement or payment are incurred for the benefit of the university or the respective funding agency in connection with the performance of the official duties and obligations, and that, in my opinion, such expenditure(s) represent(s) an appropriate use of public or other funds used to support the expenditure.*

(Print Name) Designated Signature Authority (if 8115 over \$200): \_\_\_\_\_

(Print Name) Fiscal Signature Authority (if 8115 under \$200, or non-8115): \_\_\_\_\_

(Signature) Certified and approved: \_\_\_\_\_ Date: \_\_\_\_\_

Vice Chancellor of Administrative Services approval (for gifts \$100 and over): \_\_\_\_\_

Date: \_\_\_\_\_

A waiver must be obtained if self-catering for an on-campus event costs \$700 or more.

Reason for waiver request: \_\_\_\_\_  
\_\_\_\_\_

Seawolf Dining and Catering Program Director approval: \_\_\_\_\_ Date: \_\_\_\_\_