



THE UNIVERSITY AT ALBANY FOUNDATION

Expenditures Requiring Advance Approval

Certain proposed expenditures require **prior** approval by the appropriate supervising administrative officer. For academic units within schools or colleges, approval of the Dean of the school/college is required. Deans require approval of the Vice President for Academic Affairs, and other campus administrative units require the approval of their respective Vice President.

The expenditures that require **prior** approval **before** financial commitments or arrangements are:

1. Costs for family members and friends to travel with staff on University business or attend University at Albany-sponsored events, such as dinners or receptions for visiting speakers.
2. Costs for events to be held in one's home that are University related. (Please note that, upon prior approval, the Foundation limits its expenditures or reimbursements to the actual cost of the event [ie. refreshments] and accepts no liability for damage or injury relating to the event. Hosts are encouraged to assure that they maintain appropriate insurance for potential risk.)
3. Transfers of Foundation funds to other charitable organizations where there is a formal programmatic relationship with the University at Albany or The University at Albany Foundation.
4. Meals and receptions where the only attendees are University employees.

THIS FORM MUST BE COMPLETED AND SUBMITTED FOR UNIVERSITY AND FOUNDATION APPROVAL A MINIMUM OF 5 DAYS PRIOR TO THE FINANALIZATION OF ARRANGEMENTS FOR FINANCIAL COMMITMENTS USING FUNDS WITHIN THE FOUNDATION. THE ACCOUNT MANAGER MUST SIGN THE FORM, THE APPROPRIATE DEAN OR VICE PRESIDENT MUST APPROVE THE FORM PRIOR TO SUBMISSION TO THE FOUNDATION.

Fund Manager Name: _____ **Date:** _____
Please Print

Campus address: _____ **Phone:** _____

Administrative/Academic Unit: _____

Account Name: _____ **Account Number:** _____

PLEASE ATTACH TO THIS FORM A DETAILED DESCRIPTION OF THE TYPE OF EXPENDITURE FOR WHICH YOU ARE REQUESTING PRIOR APPROVAL

Proposed date of event or expenditure: _____ **Estimated cost:** _____

Account Manager Signature: _____ **Date:** _____

Approvals

Date: _____ **Date:** _____
On behalf of the University at Albany: **On behalf of the UA Foundation:**

Signature of Dean or Vice President *Signature of ED or UAF Officer*