

AUM Event/Meeting Verification/Check List

Prior to submission please verify that the following items have been addressed. You may use this form and submit with your receipt along with applicable documentation.

Dept _____

Event Title _____

Location _____

Date _____ **Time (start/end)** _____

Purpose _____
(brief description how this event benefits AUM)

Campus Contact Name/Phone _____
(This is who we will call for questions or additional information)

_____ **Detailed ITEMIZED Receipt attached (do not place tape over information)**

_____ **Allowable/appropriate expense**

_____ **Tax (we are tax exempt)**

_____ **Flyer/Agenda/Sign In Sheet**

_____ **FOAP (with available funds)**

Tape receipt here or to additional 8.5 x 11 sheet of paper

Failure to comply with appropriate documentation/purchasing policies the purchaser may be held personally responsible and required to reimburse AUM for charges/expenses incurred.