

## **Official Functions**

**Commitment Request** 

## (Fiscal Rules Chapter 2 Section 7)

Department:	Account Number:			
Event Date:				
Vendor	Service/Product	Estimated Cost	ACCOUNTING USE ONLY ACTUAL COST	
	Maximum Cost	of Event:	_	
Purpose of Function:	Location of Fund	ction:		

## STATE EMPLOYEES ATTENDING THE OFFICIAL FUNCTION

Name	and	Position	Title:
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## **VISITING GUESTS OR DIGNITARIES ATTENDING THE OFFICIAL FUNCTION**

Name and Affiliation:		
Requestor	Date	ACCOUNTING USE ONLY
Approved by Division Director	Date	
Approved by Division Chief (if over \$500) See AHEC Policy #18	Date	