

UNIVERSITY OF ALASKA FAIRBANKS  
REPRESENTATIONAL EXPENSE ALLOWANCE

Vendor Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Encumbrance Reference (Requisition/Purchase Order/Encumbrance):  
\_\_\_\_\_

Fund	Org	Account	Program	Amount

Address or location; and type of entertainment (brief description):  
\_\_\_\_\_  
\_\_\_\_\_

Business reason or benefit gained or expected to be gained by the university (generally requires a written statement unless it is obvious from surrounding circumstances):  
\_\_\_\_\_  
\_\_\_\_\_

The nature of any business discussion or activity that took place or will take place (generally requires a written statement unless it is obvious from surrounding circumstances or other documentation):  
\_\_\_\_\_  
\_\_\_\_\_

The occupation or other information about the person(s) to be entertained which indicates his/her/their business relationship to the university, such as name, title, or other designation sufficient to establish the business relationship (names of all participants are generally necessary unless individuals can be specifically identified by groups);  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of university employee(s) to be present for the meal or entertainment:  
\_\_\_\_\_  
\_\_\_\_\_

Certification of benefit to the University and appropriateness of the expenditure:

In addition to other documentation required by UA Regulation R05.02.07, all requests for reimbursement of payment of representational expenditures shall include the following certification:

"I certify that the expense(s) included in this request for reimbursement or payment was (were) incurred for the benefit of the university or the respective funding agency in connection with the performance of 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."

I further certify that alcohol and/or gift purchases ARE NOT included:

\_\_\_\_\_  
Preparer's Initials / Preparer's Name

I further certify that alcohol and/or gift purchases ARE included:

\_\_\_\_\_  
Preparer's Initials / Preparer's Name

\_\_\_\_\_  
Signature of designated authority

\_\_\_\_\_  
Department / Phone Number

\_\_\_\_\_  
Printed name of designated signature above

\_\_\_\_\_  
Date