

## Authorized Business Function (ABF) Form

Submitted By:			Department:			
Who will be attending the events be present. If attendees' name promotional flyer to the ABF for	es are unknowr					
1	3	_ 5.		7	9	
2	4	_ 6.		8	10	
What? What is the name of th	ne event?					
When? Please note the date(	s) of the event.					
Where? Please note where the event is being held. If event is to be held off campus, indicate why this is necessary.						
Coffee Services	? (check all that Lunch Entertainment Other	Dinne Dinne	er d'oeuvres	Event Registration     Facility Rental	on (CSU-Pueblo Hosting)	
	Training/Profes Student/Guest			oyee Recruiting gnition Events		
Are alcoholic beverages being	served?	🗌 Yes	🗌 No			
How will the alcohol be paid fo	r?	Donated	🗌 Cash bar	University Accou (Must be an authori	unt - Account # ized 64 or 99 gift account)	
Are CSU-Pueblo students atte If Yes, requires Cabin	•		☐ No dar days prior to th	ie event.		
			Chief of Staff Sigr	nature D	Date	
NOTE: ABF will not b	e approved wit	hout Cabinet app	roval of alcohol se	rvice.		

**How does the expense benefit the University**? Outline the purpose and expected attendance. If alcohol is being served to student outline the security and alcohol monitoring plan, marketing materials, and why alcohol is necessary for the event. Please use additional paper, if necessary.

## **AUTHORIZED BUSINESS FUNCTIONS (ABFs)**

- 1) All ABF forms must be for 1) official business purposes only, and 2) reasonable and necessary. NOTE: Fiscal Rule: 2.1.1. All expenditures by Institutions and the System Office shall be made for official business purposes only and shall be reasonable and necessary under the circumstances. Expenditures shall at all times be limited to the amount of funds that have been appropriated, budgeted, or allocated for such purposes. This Rule governs the allowability of expenses in connection with Authorized Business Functions. With respect to all such expenditures, it is critical to recognize their sensitivity and susceptibility to actual or perceived abuse or misuse of public resources. Evaluation of all such activities and their costs at an appropriate management level must occur to ensure they are reasonable, normal and necessary, to verify the existence of a net primary benefit to the University, and to promote compliance with this Rule and all other applicable rules and regulations (whether University, federal, state, sponsor, city, or other authority).
- 2) All ABF forms require the Fiscal Officer to verify that funds are available for the event.
- 3) All ABF forms require a list of everyone known to be attending the event. In addition, if not all attendees are known such as a community event, the promotional flyer and/or marketing plan must be attached to the ABF form.
- All ABF forms require an accurate explanation of how the event benefits the University. NOTE: The following explanation below is not an acceptable explanation on how the expense benefits the University.
  "Extended contact to include meal times. Creates an atmosphere necessary to attain goal. Encouraged event participation to attain goal. Enhance social interactions to build community". It does not answer 1) why the event creates an atmosphere to attain goal, 2) does not describe the goal, and 3) does not explain how it enhances social interaction to build community.
- 5) All ABF forms requesting alcohol must be approved by the President and must only be expensed to approved gift accounts.
- 6) All ABF forms requesting alcohol for events at which students will attend must be approved by Cabinet 30 calendar days prior to the event.
- 7) An individual that is a participant in an ABF must have the next level supervisor sign the ABF form.
- 8) All ABF forms must be fully executed with all required signatures prior to the event.

NOTE: Please keep in mind that all ABF forms must be completed and signed by required individuals before an event can take place. President and VP's all have established their own internal processes for ABF's. Make sure to consult with the Chief of Staff or Executive Assistants for those requirements.

Account Number and Object Code to be charged: #	Estimated Cost:	
Fiscal Officer Name (Please print)	Fiscal Officer Signature	Date
Account Manager Name (Please Print)	Account Manager Signature	Date
VP or President Signature if over \$250	Date	
President Signature (Required for alcohol service)	Date	