College of Agricultural Sciences Recognition Event

CAS department/unit name:__________________________________________

Name of event:_________________________________________________________________________________

Description of event:__________________________________________________________________________

Date of event:________________________________________________________________________________

Anticipated expenses:__________________________________________________________________________

Anticipated revenues:___________________________________________________________________________

Index to cover shortfall (if necessary):__________________________________________________________________________

Contact name and number:________________________________________________________________________

Agency Fund: 942101  Index: AGA022  Activity Code (required)

Please review the guidelines in the FIS Manual (see link below), fill out form completely, and then send form to AMBC, Hovland 108 for approval and signature by the CAS Chief Business Officer. This index is not to be used for fundraising, alumni, or social events. If you are not sure what category your event falls into, please contact your AMBC accountant. All revenues and expenses must be recorded within 90 days of the event.

http://oregonstate.edu/dept/budgets/FISManual/FIS102.htm#add

Unit Head Signature ____________________________ Date ____________

For AMBC Office only

Approved □ __________________________________________________________________________________

Disapproved □ _________________________________________________________________________________

Reconciled □  Initials ______  Date ______________