

University of Northern Colorado

IMO# _____

OFFICIAL AND EMPLOYEE TRAINING FUNCTION REQUEST FORM

Date Form Prepared _____ Date of Function _____

UNC Host's Name _____ Telephone # _____

UNC Host's School or Unit Name: _____

Type of Function (Group luncheon, reception, etc.) _____

Purpose of Function _____

Location of Function _____ # Attending _____

FOPAL Number to be Charged _____ Estimated Cost _____

Names & Titles of Individuals Attending

University Employees

Guests

Authorized Signature on Above FOPAL
(To the best of my knowledge, this function complies with
UNC's official function rules and regulations.)

Date

Approval Signature for the Function

Date