

**OFFICIAL FUNCTIONS COMMITMENT REQUEST  
(FISCAL RULE 2-7)**

NO. REQUESTS CONSECUTIVELY EACH FISCAL YEAR

**AGENCY REQUEST NO.** ▶

DEPARTMENT, DIVISION OR AGENCY		SUBORDINATE AGENCY	
TYPE OF FUNCTION <i>(Group Luncheon, Reception, etc.)</i>			DATE OF FUNCTION
PURPOSE OF FUNCTION		FUND NUMBER	DIRECT COSTS <i>(Code 60)</i>
			FUNCTION \$
		BUDGET CLASS	RELATED COSTS
			TRAVEL \$
		EXPENDITURE CLASS (60)	PER DIEM / SUBSISTENCE
		PROGRAM NUMBER	REGISTRATION FEE
		SUB-PROGRAM NUMBER	OTHER
		<b>TOTAL COST</b> ▶	
LOCATION OF FUNCTION		NO. PERSONS ATTENDING	
SIGNATURE OF PERSON RESPONSIBLE FOR BUDGET		TITLE	DATE
SIGNATURE OF COLLEGE PRESIDENT		President	DATE

\*\*\*ORIGINAL COPY OF THIS FORM TO BE SUBMITTED TO PRESIDENT'S OFFICE FOR STORAGE\*\*\*

**STATE EMPLOYEES ATTENDING THE OFFICIAL FUNCTION**

Name (INCLUDE, "AND SPOUSE," IF ATTENDING)	POSITION TITLE

**VISITING GUESTS OR DIGNITARIES ATTENDING THE OFFICIAL FUNCTIONS**

Name (INCLUDE, "AND SPOUSE," IF ATTENDING)	AFFILIATION

