

Incidental Refreshments Exception Form

Date: _____

Meeting name/title: _____

Meeting location: _____ Meeting Date: _____

Meeting Start and End Time: _____ Meeting Frequency: _____

UAB Business Purpose and rationale for meeting time. This should include justification of why the meeting can only be scheduled during a meal break.

Proposed UAB Attendees (attach a list if necessary): _____

Contact Information

Department Coordinating the Meeting: _____

Coordinating Dept's Contact Name: _____ Phone #: _____ E-mail _____

This form, including supporting documentation, should be routed electronically as indicated below to secure appropriate approvals.

Approvals

Meeting exception must be approved in writing by the applicable administrator:

- If within a School/College, by the applicable Dean (or his/her designee).
- If within Provost General, by the Provost (or his/her designee).
- If within the Hospital, by the Executive Director of the Hospital (or his/her designee).
- If within Central Administration or Institutional, by the SVP for Finance & Administration (or his/her designee). For these purposes the Office of the SVP for Finance & Administration will address units which report directly to the President.

Department Requestor (Print): _____

Signature: _____ Date: _____

Dean's Office Approval/ Executive Level (Print): _____

Signature: _____ Date: _____