PLEASE SUBMIT THIS FORM AS AN UNLOCKED PDF TO ALLOW FOR OTHER ELECTRONIC SIGNATURES.



Alcohol Approval Form for units that report to the Provost

Event name:					
Date:	Time:				
Location:					
For on-campus functions: Will Sodexo cate	er the event?	Yes	No		
If no, name of approved caterer with va	alid liquor licens	e:			
For off-campus functions NOT held at restantion name of caterer with valid liquor license					
Type of event:					
If Other, please specify	y:				
For a faculty recruitment or visiting guest s	peaker dinner:				
The dinner must be held a restaruranNo undergraduate students, and/or s	•		vill attend the o	dinner.	
Name of the on-site employee host of the	e event:				
Confirm that the employee host has review at University Activities — Faculty and Staff Names of internal attendees (UVM employee)	f university oper		•	Yes	No
Will university funds be used for employed Names of external attendees and their org	·		No ncluding non-er	nployee sp	oouses):
Will university funds be used for guest alco	nhal evnenses?	Voc			
Will university funds be used for bar setup expenses?		Yes Yes	No No		
Gift/endowment chartstring for alcohol and/or bar setup expenses:	·	res	NO		
Person initiating the request:	ne, Departmen	t, and E-mail		Date	
Department Chair's Signature	's Signature Date		ignature		Date
Send completed and signed form to Lori Do	esotell, Office of	f the Provost, v	ria e-mail at Lor	i.Desotell@	្ទិuvm.edu.

Provost's Signature

Date