

OFFICIAL FUNCTIONS COMMITMENT REQUEST

All expenses must be approved PRIOR to the expenditure or holding the event. Expenses estimated to cost under \$100 must be approved by the Appointing Authority. Expenses estimated to cost OVER \$100 must be approved by the Appointing Authority and the Executive Director or designee. Please refer to CDOT PD 1200.1 for additional instructions and rules. Please enter required fields that are gray, and sign the form.

Division, Branch, Region

Function Type (group lunch, reception, etc)

Cost Center:

Function Date:

Function Purpose:

Agency Code

Direct Costs

Internal Order #

Related Costs

General Ledger #

Travel

Per Diem/Subsistance

Registration Fee

Other Fees

Total Costs-->

Function Location:

Number of Attendees:

Signature: Person certifying Funds Availability

Title:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: Appointing Authority Approval

Title:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: Executive Director or Authorized Designee

Title:

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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State Employees Attending the Official Function; Names and Titles

<input type="text"/>

Names of Visiting Guests or Dignitaries Attending the Official Function

<input type="text"/>
