



Chair/Vice-Chair/Director Retirement Event Request Form

Name of Retiring Chair/Vice-Chair/Director		
Requester Name:	Requester Dept ID:	Today's Date:

Event Date:	# of Attendees:	Budget:	Event will provide alcohol: https://unc.policystat.com/policy/5425325/latest/
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Event Type (choose one):	
<input type="checkbox"/> Luncheon <input type="checkbox"/> Reception <input type="checkbox"/> Other (please list): _____	

Will a portrait/photograph of the retiring Chair/Vice-Chair/Director be commissioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the estimated amount?</i> _____
---	--

Source to Cover Event and Portrait (if applicable) Expenses			
Business Unit	Fund	Source	Dept ID

Requester Signature: _____

Approver Signature: _____

Executive Dean, UNC School of Medicine

FORM PROCESSING INSTRUCTIONS

Please submit to the Finance & Business Operations Office (FBO) to the attention of Holly Rudicil (holly_rudicil@med.unc.edu). FBO will obtain the signature of the Executive Dean and return to department upon approval.