## INTERNAL AUTHORIZATION FORM FOR AUXILIARY ENTERPRISES, HOTEL, REGISTRATION & UNIVERISTY CLUB

The IAF authorizes Auxiliary Enterprises to automatically recharge deposits and/or payments from the Speed Type listed below given by the department. The Speed Type listed is the only funding source for all billable items for this event. Once the event has been confirmed with the IAF and booked in Auxiliary Enterprises there will be no opportunity to change the speed type. Any change of funding will be done at the department level.

## **FUNDING INFORMATION** \*is required information

| *Name of Department Funding Department: |  |   |                                    | *Department Address: |                 |            |  |
|---|--|---|------------------------------------|----------------------|-----------------|------------|--|
| *Dept Bookkeeper/Accour                 | nt Manager:                            |   |                                    | *Conta               | act Email:      |            |  |
| *Contact Phone Number: _                | Contact Phone Number: *Dept ID Number: |   |                                    | Bus. Unit:           |                 |            |  |
| *Fund Code:                             | *Speed Type:                           | *Account Code:  | ccount Code: Project/Grant Number: |                      |                 |            |  |
| *Authorized Purchasers: _               |  | *   | Acct. A                            | dministrator: _      |                 |            |  |
| *Acct. Administrator Signa              | ature:                                 |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   | Please complete i                      | <b>REGISTRATION IN</b> <i>f your organization is us</i> |                                    |                      | vice.           |            |  |
|   | Registrar's Name                       |   |                                    |                      | Amount          |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   | DI I CI                                | HOTEL UMAS  |                                    |                      | 11 1            |            |  |
|   | Please complete if hotel Guest Name    | d rooms are needed and Arrival D                        |                                    |                      | Confirmation #  | Room Total |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   |  |   |                                    |                      |                 |            |  |
|   | то ве с                                | COMPLETED BY AUX  | KILIAR'                            | Y ENTERPRI           | SES             |            |  |
| Name of Event:                          | Event Date:                            |   |                                    | rent Date:           | CS#:            |            |  |
| PG#:                                    | Speed #                                | : De  | Deposit Date:                      |                      | Deposit Amount: |            |  |
| Deposit Number:                         | Auxiliary I                            | Enterprises Contact Person                              | on:                                |                      |                 |            |  |