

INTERNAL AUTHORIZATION FORM FOR AUXILIARY ENTERPRISES, HOTEL AND REGISTRATION

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/Account Manager: _____ *Contact Email: _____
*Contact Phone Number: _____ *Dept ID Number: _____ Bus. Unit: _____
*Fund Code: _____ *Speed Type: _____ *Account Code: _____ Project/Grant Number: _____
*Authorized Purchasers: _____ *Acct. Administrator: _____
*Acct. Administrator Signature: _____

REGISTRATION INFORMATION

Please complete if your organization is using our registration service.

| Registrar's Name | Amount |
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HOTEL UMASS INFORMATION

Please complete if hotel rooms are needed and not reserved in a group block reservation.

| Guest Name | Arrival Date | # of Nights | Confirmation # | Room Total |
|------------|--------------|-------------|----------------|------------|
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TO BE COMPLETED BY AUXILIARY ENTERPRISES

Name of Event: _____ Event Date: _____ CS#: _____
PG#: _____ Speed #: _____ Deposit Date: _____ Deposit Amount: _____
Deposit Number: _____ Auxiliary Enterprises Contact Person: _____