**Control No.**

 **Date:**

**SEND-OFF TOKEN REQUEST FORM**

*(for retirees who opt not to have send-off party)*

|  |
| --- |
| **I. RETIREE** |
| Name of Retiree:  | Position:  |
| Department/Unit/College:  | Retirement Date:  |
| **II. FUNDS AVAILABILITY** (Please tick the appropriate box) |
|  | Funded (please indicate amount)  |
|  Not funded (please indicate amount) Not applicable\* |
| **III.** **BREAKDOWN OF BUDGET** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ITEM** | **QUANTITY** | **UNIT COST** | **TOTAL COST** |
|  | Customized Cake |   |  |  |
|  | Wine |  |  |  |
|  | Bouquet |  |  |  |
|  | Simple meal for retiree/s’ family |  |  |  |
|  | OTHERS |  |  |  |

  |
| **IV. ATTACHMENTS** (may tick more than one) |
| Retirement Letter Request Letter Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NoREQUESTED BY: |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Performance Management Unit Head:  |  |  |
|  Signature over Printed Name  |
| **RECOMMENDING APPROVAL:** |  |  |  |  |  |  |  |
|   OHRDM Director Finance Office Director  |
|   |
| Vice President (AF/AA/RDE) |
| **APPROVED:** |
|  |   |
| University President |