Meeting Expense Authorization

Prior authorization for meeting expenses must be given. This form is to be completed and signed by the requesting staff member and authorizing designee prior to the event.

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| Meeting Details |
| **Purpose of Meeting**:  | **Estimated cost of meeting**: |       |
| [ ]  Meeting [ ]  Conference [ ]  Workshop [ ]  Other Please specify “Other”:      | **Actual Cost**: |       |
| **Place of Meeting**:      | **Date(s) of Meeting**:      |
|  |
| Facilities and Meal/Refreshments |
| **Beverages** (check applicable items) |  |
| [ ]  Coffee  | [ ]  Tea  | [ ]  Juice  | [ ]  Soda Pop  | [ ]  Other (please specify) |
| **Refreshments** (check applicable items) |  |
| [ ]  Muffins | [ ]  Pastries | [ ] Cookies | [ ]  Fruit/vegetables |
| **Will meals be provided?** [ ]  Yes [ ]  No |  |
|  | **Number** | **Dates** |
| **Breakfast** |   |       |
| **Lunch** |       |       |
| **Dinner** |       |       |
|  | **Estimated Cost** | **Amount Paid** |
| **Name of Caterer or Company providing:**  |       |       |
| **Meals:**  |       |       |
| **Equipment Rental:**  |       |       |
| **Meeting Room Rental** (must meet ADA requirements):        |       |       |
| **Coffee/Light Refreshments:**        |       |       |
|  |  |  |  |  |
| Participants |
| **Participants will be claiming** (check applicable item(s)) | [ ] Travel  | [ ] Per Diem (Meals)  |
| **Name** | **Organization/Agency** | **Mode of Transportation** (AIR, PV, RC, etc.) |
|       |       |       |
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Additional names can be continued on back of page. Actual meeting list must be submitted with billing.

Requested by: Date:

Approved by: Date: