

SEMINAR REQUEST FORM Date: _____

Name, Title

Department

Seminar Title/Location (Attach Supporting Documentation)

Sponsoring Agency

Dates of Seminar

Other Parties Attending

Comments

Date Checks Requested

<p>REGISTRATION (Third Party Payment)*</p> <p>Vendor Name _____</p> <p>Address _____</p> <p>Amount \$ _____</p>	<p>LODGING (Third Party Payment)*</p> <p>Name of Hotel _____</p> <p>_____ Days @ \$ _____ /Day + \$ _____ tax (_____ %) = \$ _____</p>
<p>MISCELLANEOUS EXPENSES (Employee)</p> <p>Employee's Name _____</p> <p>Meals (Advance)</p> <p>_____ Breakfast @ \$6.50 \$ _____</p> <p>_____ Lunch @ \$8.50 \$ _____</p> <p>_____ Dinner @ \$20.00 \$ _____</p> <p>_____ Per Diem @ \$35.00 \$ _____</p> <p>_____ Miles @ \$0.535 \$ _____</p> <p>Tolls (if any) \$ _____</p> <p>Seminar Materials \$ _____</p> <p>Miscellaneous Items \$ _____</p> <p>TOTAL MISC. EXPENSE \$ _____</p>	<p>AIRFARE/TRAINFARE (Third Party Payment)*</p> <p>Vendor _____</p> <p>Address _____</p> <p>Amount \$ _____</p> <hr/> <p>DEPARTMENT HEAD SIGNATURE APPROVAL _____</p> <p>Budget Charged _____</p> <hr/> <p>Elected Official/Sr. Executive Approval: _____</p>
<p>RETURN ALL CHECKS TO:</p>	<p><u>AUTHORIZATION AS EXCEPTION TO POLICY</u></p>
<p>*Third Party Payment – Separate checks needed for payments.</p>	<p>_____ Commissioner Gina Cerilli</p>
	<p>_____ Commissioner Ted Kopas</p>
	<p>_____ Commissioner Charles W. Anderson</p>