

**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
<b>REGISTRATION (Third Party Payment)*</b>  Vendor Name _____  Address _____  Amount \$ _____	<b>LODGING (Third Party Payment)*</b>  Name of Hotel _____  _____  ____ Days @ \$ ____ /Day + \$ ____ tax ( ____ %) = \$ _____
<b>MISCELLANEOUS EXPENSES (Employee)</b>  Employee's Name _____  Meals (Advance) _____ Breakfast @ \$6.50            \$ _____ _____ Lunch @ \$8.50                 \$ _____ _____ Dinner @ \$20.00                 \$ _____ _____ Per Diem @ \$35.00                 \$ _____ _____ Miles @ \$0.545                     \$ _____  Tolls (if any)                                 \$ _____ Seminar Materials                             \$ _____ Miscellaneous Items                           \$ _____  <b>TOTAL MISC. EXPENSE</b> \$ _____	<b>AIRFARE/TRAINFARE (Third Party Payment)*</b>  Vendor _____  Address _____  Amount \$ _____  <hr/> DEPARTMENT HEAD SIGNATURE APPROVAL _____  Budget Charged _____  <hr/> Elected Official/Sr. Executive Approval:  _____
RETURN ALL CHECKS TO:  *Third Party Payment – Separate checks needed for payments.	<b><u>AUTHORIZATION AS EXCEPTION TO POLICY</u></b>  _____ Commissioner Gina Cerilli  _____ Commissioner Ted Kopas  _____ Commissioner Charles W. Anderson