

**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><b>REGISTRATION (Third Party Payment)*</b></p> <p>Vendor Name _____</p> <p>Address _____</p> <p>Amount \$ _____</p>  | <p><b>LODGING (Third Party Payment)*</b></p> <p>Name of Hotel _____</p> <p>_____ Days @ \$ _____ /Day + \$ _____ tax ( _____ %) =<br/>\$ _____</p>   |
| <p><b>MISCELLANEOUS EXPENSES (Employee)</b></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 @ \$0.56                \$ _____</p> <p>Tolls (if any)                        \$ _____</p> <p>Seminar Materials                  \$ _____</p> <p>Miscellaneous Items                \$ _____</p> <p><b>TOTAL MISC. EXPENSE</b>            \$ _____</p> | <p><b>AIRFARE/TRAINFARE (Third Party Payment)*</b></p> <p>Vendor _____</p> <p>Address _____</p> <p>Amount \$ _____</p> <hr/> <p>DEPARTMENT HEAD<br/>SIGNATURE APPROVAL _____</p> <p>Budget Charged _____</p> <hr/> <p>Elected Official/Sr. Executive Approval:<br/>_____</p> |
| <p>RETURN ALL CHECKS TO:</p>  | <p><b>AUTHORIZATION AS EXCEPTION TO POLICY</b></p>   |
| <p>*Third Party Payment – Separate checks needed for payments.</p>  |  |
|   |  |