

# Request For Approval For Attendance at Events

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Division: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Event: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Is the Sponsor an "i

ndividual, officer, director, trustee, partner, proprietor, officer or grantor to your institution and any employee, representative or agent thereof; 3 any supplier/vendor to your institution; 4 any advocacy group that advocates or represents the positions of its members to your institution; 5 any organization a majority of whose members fall under 1-4 above.

Is the State official a speaker, panel participant or resource person? Yes  No

Is the sponsor an agency of the federal government, one or more other states or a political subdivision thereof? Yes  No

If Yes, is the employee or agency a member? Yes  No

Does the non-profit organization have any contracts with the State? Yes  No

Location: \_\_\_\_\_ Date(s): \_\_\_\_\_

Overnight accommodations required? Yes  No

Out-of-state travel required? Yes  No

Estimated total costs? \$ \_\_\_\_\_

Breakdown of Costs:

Transportation \$

Meals \$

Accommodations \$

Registration Fees \$

