



ARKANSAS SCHOOL

FOR MATH, SCIENCES, + THE ARTS

SPECIAL MEETING FORM

A. Describe the event and benefit to ASMSA or State:

B. **Attendees:** Attendee list should include state and non-state employees. Please complete all fields

NOTE: List may be provided as an attachment.

Full Name	Reason for Attendance	State Employee (Y/N)

C. **Location:** _____

D. **Date(s) of Meeting:** _____
(**Note:** It is recommended that this form be approved **PRIOR** to the event.)

E. **Estimated Meeting Expenses:**

	Fund
Lodging	
Meeting room/rental charges	
Food expenses	
Misc. expenses	
TOTAL ESTIMATED MEETING EXPENSE	

Orgn _____ XXXX _____ Prog _____

NOTE: Reimbursement for state employees for meals, including sales tax and up to 15% gratuity, cannot exceed the federal per diem rate, as established by the U.S. General Services Administration. Per diem does not apply to guests of state.

F. **Requester Name:** _____

G. **Required Signatures:**

Requested By:	_____	Date:	_____
Budgetary Head:	_____	Date:	_____
Director of Finance:	_____	Date:	_____
Director:	_____	Date:	_____