

Fund Orgn Pr  Lodging NOTE: Reimbursement for state employee for meals, including sales tax and up to 159 gratuity, cannot exceed the federal per die rate, as established by the U.S. General Ser Administration. Per diem does not apply to guests of state.  Requester Name:  Required Signatures:  Requested By:  Date:		$\sum$ FOR MATH, SCIENC	LS, THE ART	SPEC	IAL MEETING FORM
NOTE: List may be provided as an attachment.    Full Name	. De	scribe the event and benefit to ASMS	SA or State:		
NOTE: List may be provided as an attachment.    Full Name					
NOTE: List may be provided as an attachment.    Full Name					
NOTE: List may be provided as an attachment.    Full Name					
NOTE: List may be provided as an attachment.    Full Name					
Full Name   Reason for Attendance   State Employee (Y/N)	. Att	tendees: Attendee list should include	state and non-state emp	loyees. Please cor	nplete all fields
Location:  [Note: It is recommended that this form be approved PRIOR to the event.]  Estimated Meeting Expenses:  [Note: It is recommended that this form be approved PRIOR to the event.]  Estimated Meeting Expenses:  [Pund Orgn XXXX Price   Note: Reimbursement for state employee for meals, including sales tax and up to 15 gratuity, cannot exceed the federal per die rate, as established by the U.S. General Ser Administration. Per diem does not apply to guests of state.  Requester Name:  [Requester Name: Date: Da			·	•	
Date(s) of Meeting:		Full Name	Reason for Attend	ance	State Employee (Y/N)
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(Note: It is recommended that this form be approved PRIOR to the event.)  Estimated Meeting Expenses:		. ( ) . ( )			
Estimated Meeting Expenses:    Fund   Orgn   Pr	. Da		mended that this form h	e approved <b>PRIO</b>	R to the event )
Lodging   NOTE: Reimbursement for state employee   for meals, including sales tax and up to 155   gratuity, cannot exceed the federal per die rate, as established by the U.S. General Ser   Administration. Per diem does not apply to guests of state.      Requester Name:		(Note: 10 is recoin	menaca that this form b	c approved i moi	t to the event.
Lodging  Meeting room/rental charges  Food expenses  Misc. expenses  TOTAL ESTIMATED MEETING EXPENSE  Requester Name:  Requested By:  Budgetary Head:  Director of Finance:  MoTE: Reimbursement for state employee for meals, including sales tax and up to 159 gratuity, cannot exceed the federal per die rate, as established by the U.S. General Set Administration. Per diem does not apply to guests of state.  Date:  Date:  Date:  Date:	. Est	imated Meeting Expenses:			XXXX
Meeting room/rental charges  Food expenses  Misc. expenses  TOTAL ESTIMATED MEETING EXPENSE  Requester Name:  Requested By:  Budgetary Head:  Director of Finance:  Meeting room/rental charges  for meals, including sales tax and up to 155 gratuity, cannot exceed the federal per die rate, as established by the U.S. General Ser Administration. Per diem does not apply to guests of state.  Date:  Date:  Date:  Date:  Date:		Lodging	Fund	1	
Food expenses  Misc. expenses  TOTAL ESTIMATED MEETING EXPENSE  Requester Name:  Requested By:  Budgetary Head:  Director of Finance:  Budgetary Head:	F				
Misc. expenses  TOTAL ESTIMATED MEETING EXPENSE  Requester Name:  Requested By:  Budgetary Head:  Director of Finance:  Date:  Date:  Date:  Date:  Date:  Date:  Date:	H				•
TOTAL ESTIMATED MEETING EXPENSE  Requester Name:  Required Signatures:  Requested By:  Budgetary Head:  Director of Finance:  Date:  Date:  Date:	-	•			
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