Paladin <u>CONFERENCE/CONVENTION/MEETING REQUEST FORM</u>

?

Staff Member	Date Requested Date Needed Appropriate backup must be attached to this request for consideration and payment				
<u>SECTION I</u>	CONFERENCE/CONVENTION/MEETING REGISTRATION INFORMATION Account #8760				
Name of Conf./I	Meeting	Date(s) Held	Where Held	Cost Center(s)	
Presented by		Registration	on Cost \$/Day	Total Cost	
<u>SECTION I</u> I	HOTEL RESERVATION	<u>S</u> Are reser	vations needed? Yes	── No	
Name of Hotel		Telephone #		Contact Name if Known	
Address		City/State	/Zip		
Total number of	of nights reservations needed? Dates reservation required (number of nights)				
SECTION III	PER DIEM REQUST (refer to Board Policy 901.13)				
Date Leaving	Date Returning	Total Day	s@ \$/day = \$	\$ see ssa.gov for rate/day	
· ·	day must be reviewed and app ed in advance (per Board Polic	, ,	0,	nount. Per diem is only for overnight stays.	
Other dollars (if	applicable) Receipts will b	e required \$	(may	be estimate if unknown)	
Detail Reason(s)				
<u>SECTION IV</u>	<u>SIGNATURES</u>				
Staff Member	Date	Supervisor		Date	
Director		Date D	irector's Supervisor	Date	
<u>SECTION V</u>	PALADIN ACCOUNTIN	G COMPLETES THIS	SECTION		
Registration Co	nfirmed Date Con	ference #	Hotel Reservation Made Date	e Confirmation #	
Accounting Staf	f Member Signature	Date	Contact name (if know	vn)	
<u>SECTION VI</u> Please use the	REQUEST FOR MILEA Staff Travel Voucher to req			ce/meeting to Travel Voucher)	
SECTION VII	CANCELLED CONFER			urned to accounting department. Please	

inform accounts.payable if they are to cancel hotel, registration, etc.