



For questions, please
 contact State Travel at
 statetravel@utah.gov
 or (385) 214-7352

Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

Submitted Date:

GROUP GATHERING AUTHORIZATION

Dates of Gathering		Planning Guide		
Start Date	(MM/DD/YYYY)	Begin Time	(HH:MM am/pm)	New
End Date	(MM/DD/YYYY)	End Time	(HH:MM am/pm)	Change
Number of Participants				
Name of Facility/Caterer Selected From www.statetravel.utah.gov				
Contact Person:				
Contact Phone:				

Room Info	Total #	Unit Cost	Cost
Conference Room(s)			
BreakoutRoom(s)			
Sleeping Room(s)			
Food	Total ##	Unit Cost	Cost
Breakfast			
AM Break			
Lunch			
PM Break			
Dinner			
Misc.			Cost
Parking			
Service Fee/Gratuity		%	
AV Equipment			
Less Registration Fee			
List Sponsor(s) Amount ###			

Estimated Cost

Number of Rooms Per Day X Number of Days
 ## Number of Meals Per Day X Number of Days
 ### If a sponsor pays any part of these costs, the sponsor's portion should be billed directly to the sponsor.

Fund	Dept	Unit	Approp	Activity	Func	Object	Program	Phase	Amount



GROUP GATHERING AUTHORIZATION

Comments including Purpose of Gathering:

Department Contact Person			
*Dept. Name	*Contact Person		
	* Phone	Fax #	
Department Approvals			
Section/Division	Print Name	Signature	
Executive Director/Designee	Print Name	Signature	
Budget Officer	Print Name	Signature	
State Travel Office Approval (IF REQUIRED BY POLICY)			
Travel Office Signature	Print Name	Signature	
Total Amount Approved \$	Travel Authorization Number		