FI 58 CY20 AR
Revised: 10/2020
Division of Finance

Clear Form

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)			$0.00
BreakoutRoom(s)			$0.00
Sleeping Room(s)			$0.00
Food	**Total ##**	**Unit Cost**	**Cost**
Breakfast		$11.00	$0.00
AM Break		$5.00	$0.00
Lunch		$14.00	$0.00
PM Break		$5.00	$0.00
Dinner		$20.00	$0.00
Misc.			**Cost**
Parking			$0.00
Service Fee/Gratuity	$0.00	%	$0.00
AV Equipment			$0.00
Less Registration Fee			$0.00
List Sponsor(s) Amount ###			$0.00
		Estimated Cost	$0.00

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

* Required Fields

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Comments:

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** _____

* Required Fields