FI 58 FY24 AR Revised: 09/2023 Division of Finance

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		Plannir	ng Guide		
Start Date	(MM/DD/YYY)	Begin Time		New	
End Date		End Time	(HH:MM am/pm)	Change	
Number of Participants	(MM/DD/YYY)		(HH:MM am/pm)	C .	
Number of Larticipants					
Name of Facility/Cater	er Selected From w	ww.statetra	vel.utah.gov		
·			S		
Contact Person:					
<b>Contact Phone:</b>					
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					
<b>Less Registration Fee</b>					
List Sponsor(s) Amount #	<del> </del> ##				
				<b>Estimated Cost</b>	
# Namehou of Dooms Doub		_			

# 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

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## **GROUP GATHERING AUTHORIZATION**

Comments including Purpose of Gathering:						
		Department Contact Person				
*Dept. Name		*Contact Person				
		*Phone	To 11			
			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 PO	OLICY)			
			,			
Travel Office Signature	Print Name	Signature				
Total Amount Approved		Travel Authorization Number				
Total Amount Approved	ıψ	1 ravei Authorization Number				