



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

Submitted Date:

GROUP GATHERING AUTHORIZATION

Dates of Gathering	Planning Guide		
Start Date <small>(MM/DD/YYYY)</small>	Begin Time <small>(HH:MM am/pm)</small>	New	
End Date <small>(MM/DD/YYYY)</small>	End Time <small>(HH:MM am/pm)</small>	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

* Required Fields

