

STATE OF WEST VIRGINIA
 DEPARTMENT OF ADMINISTRATION
 TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SPENDING UNIT NAME/ORG # _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

FUNCTION SPONSOR _____

LOCATION OF FUNCTION _____

DATE(S) OF FUNCTION _____

ESTIMATED EXPENSES

FOOD AND BEVERAGE	\$ _____
MEETING ROOM	\$ _____
EQUIPMENT RENTAL	\$ _____
LODGING	\$ _____
OTHER/	\$ _____
OTHER/	\$ _____
TOTAL	\$ _____

PURPOSE/JUSTIFICATION OF FUNCTION:

FUNCTION ATTENDEES (Must list individual names unless for a group of 20 or more. A list of attendees for groups of 20 or more must accompany the form):

AGENCY AUTHORIZATION FOR THE ABOVE FUNCTION

By: _____
FUNCTION REPRESENTATIVE'S SIGNATURE

DATE

By: _____
AGENCY HEAD SIGNATURE

DATE