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**EVENT REQUEST FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attendee Process:**   1. Complete Attendee Information, Travel Information, and Estimated Cost/Information for Event (**Must** attach event brochure/schedule information for approval). 2. Submit to Supervisor for Approval (See Note Below) / Leadership Team Members, submit to CEO for approval processing. | | | | | | | | | |
| **ATTENDEE INFORMATION** | | | | | | | | | |
| **Your Name/**  **Phone #/Job Title:** |  | | | **Date of Request:** | |  | | | |
| **Supervisor Name:** |  | | | **Emergency Contact Name & Number** (for off-site events)**:** | |  | | | |
| **EVENT INFORMATION** | | | | | | | | | |
| **Type of Event:** | | Training  Conference  Seminar  Webinar  Other | | | | | | |
| **Date(s) of the Event you plan to attend:** | |  | **Event Location (City/State):** | | | |  | |
| **Event Title:** | |  | | | | | | |
| **Hosting Organization Name and Billing Address:** | |  | | | | | | |
| **Description of the Event:** | |  | | | | | | |
| **TRAVEL ACCOMMODATION INFORMATION**  (If accommodations are not needed, skip this section. If any information is unknown, follow-up with supervisor for guidance) | | | | | | | | | |
| **Hotel Accommodations Needed?** | | Yes  No | **Rental Car Needed?** | | | | Yes  No | |
| **Dates of Travel:** | | Arrival Date:  Depart Date: | **Does this require Air Travel?** (if yes, enter Date of Birth for Airline Tickets) | | | | Yes **DOB:**  No | |
| **Does the event provide meals?** | | Yes, see next question  No, skip next question | **Which meals and how many are provided by the event?** | | | | Breakfast #  Lunch #  Dinner # | |
| **ESTIMATED COST/INFORMATION FOR EVENT**  (Estimates below are for decision making purposes only. Mileage, parking, and toll fees must be submitted for reimbursement using *Employee Travel Reimbursement Form*. Per Diem Meals will be calculated by Executive Coordinator when applicable) | | | | | | | | | |
| **Event Cost/**  **Registration Fees**  (for your attendance) | | $ | # of Miles to and from event:    # of days:  Total Est. Miles:  Total Est. Cost: $ | | | | **Mileage** (should be calculated from reporting work location to event and return, *not to or from your home.*)  **Mileage Rate 2023:** $0.655 | |
| **Parking Fees** (if known) | | $ | **Tolls** (if known) | | | | $ | |
| **Misc.** (Explain): | | $ | **Total Estimated Cost:** | | | | **$** | |
|  | |  |  | | | |  | |
| **SUPERVISOR SECTION** | | | | | | | | | |
| **Supervisor Process** (if you need additional lodging and travel information [hotel, rental car, etc.], submit information to Executive Coordinator for Total Estimated Cost of event before signing off)**:**   1. Complete Supervisor Section. 2. Submit this form and copies of brochure information to Executive Coordinator for processing (return originals to attendee). | | | | | | | | | |
| **Cost Center Line of Coding:** | |  | | | | | | |
| **Supervisor Decision:** | | Approve  Deny  **Reason for denial** (review with attendee if appropriate)**:** | | | | | | |
| **Supervisor Signature** (by signing this form, you acknowledge that you reviewed your departmental budget and attest that you have the funds to cover the cost of this event)**:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **EXECUTIVE COORDINATOR CHECKLIST** | | | | | | | | | |
| **Executive Coordinator Name:** | |  | | | **Date Request Received:** | | |  |
| **Event Registration Completed:** | | Yes  Conf. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | **Total Event Cost:** | | | $ |
| **Booked Hotel:** | | Yes  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Conf. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | **Total Lodging Est. Cost:** | | | $ |
| **Booked Rental Car or Airport Shuttle:** | | Yes  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Conf. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | **Total Rental Transportation Est. Cost:** | | | $ |
| **Booked Flight** | | Yes  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Conf. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A | | | **Total Flight Cost:** | | | $ |
| **Submit Per Diem to Finance** (must be submitted 3 weeks in advance to event) | | Yes  N/A | | | **Total Est. Meal Cost:** | | | $ |
| **Create and Give Itinerary to Attendee** | | Yes  N/A | | | **TOTAL EVENT EST. COST:** (be sure to include mileage, parking, and tolls from attendee section) | | | $ |
| **NOTES (for Office Use Only)** | | **MNJTP Eligible:**  Yes  No | | | | | | |