

STATE OF WEST VIRGINIA

DEPARTMENT OF ADMINISTRATION
TRAVEL MANAGEMENT OFFICE
REQUEST FOR HOSPITALITY SERVICE

SPENDING UNIT NAME/ORG# West Virginia State University / 0490

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 / DESIGNEE SIGNATURE DATE