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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.   **🡪 Out-of-State Conference requests** must be approved in advance by the LifeWays Board of Directors. Submit requests to the CEO’s office by the last working day two months prior to the date of the conference. | | | | | | | |
| **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** (Mileage should be calculated from reporting work location to event and return, *not to or from your home.*)  **Mileage Rate 2020:** $\_.575 | |
| **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).   **🡪** Out-of-State Conference request must be approved in advance by the LifeWays Board of Directors. Submit requests to the CEO’s office by the last working day two months prior to the date of the conference. | | | | | | | |
| **Cost Center Line of Coding:** | |  | | **Does Event need Board Approval?**  (Board Approval Required for all Out-of-State Travel) | | | Yes  No |
| **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 | | | | | |