

**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/	\$ _____
<b>TOTAL</b>	\$ _____

**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