MEETING APPROVAL REQUEST

1.) NAME OF MEETING:

2.) PROPOSED LOCATION:

3.) MEETING DATES: From **To**

4.) MEETING TYPE: ☐ NATIONAL OR MULTI-STATE ☐ INSTATE ☐ OTHER

5.) PARTICIPANTS (If more than ten participants, please attach separate sheet)

NAME	DUTY STATION	ESTIMATED COSTS				
		LODGING	M&IE	TRANSPORTATION COSTS OTHER THAN GOV	OTHER	TOTAL
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
6.) TOTAL ESTIMATED COST FOR ALL PARTICIPANTS		0.00	0.00	0.00	0.00	0.00

7.) PURPOSE AND JUSTIFICATION STATEMENT (Attach Meeting Agenda)

8.) SITE COST ANALYSIS (Attach any documentation)	LOCATION	ESTIMATED COST				
		PER DIEM OR SUBSISTENCE	TRANSPORTATION COSTS OTHER THAN GOV	MEETING ROOM	OTHER	TOTAL
SITE NO. 1 (Lowest $)						0.00
SITE NO. 2						0.00
SITE NO. 3						0.00
SITE NO. 4						0.00

9.) LOCATION JUSTICATION: ☐ LOWEST COST ☐ NATIONAL FUNCTION ☐ OTHER CRITERIA (Attach Explanation)

10.) REQUESTED BY:	**DATE:**
11.) CONCURRANCE BY SLT MEMBER:	**DATE:**
12.) APPROVAL BY STATE CONSERVATIONIST:	**DATE:**

Clear Form