WORKSHOP/LODGING EXPENSE CHECKLIST

Please attach completed registration(s)/hotel confirmation(s).

VENDOR NO: _____

CHECK PAYABLE TO: _____

PAYEE ADDRESS: _____

_____

WORKSHOP/LODGING DATE(S): _____

ATTENDEES: _____

_____

TOTAL AMOUNT TO BE PAID: _____

BUDGET CODE: _____

APPROVAL SIGNATURE: _____

MAIL CHECK: _____
(or)
RETURN TO: _____
LOCATION: _____