

**OFFICE OF THE LIEUTENANT GOVERNOR
DEPARTMENT OF CULTURE, RECREATION, AND TOURISM
REQUEST FOR PAYMENT FOR SPECIAL/ PROMOTIONAL EXPENSES**

Agency	Date of Request
Type of Request:	Location
Reimbursement	(city, state, country)
Payment to Vendor	Requested by:
	Payable to:
Amount \$	Vendor #
	Personnel #

JUSTIFICATION OF EXPENSES:

The funds requested herein will cover the following expenses: *(Meal requests must include name and title of guest(s) and purpose of expense).*

150% of high cost rate	Special meals
200% of high cost rate	Promotional meals
	Supplies
	Booth/Furniture Rental
	Tips
	Vehicle / Bus Rental
	Hotel Charges for Guest
	Baggage Charges
	Refreshments
	Miscellaneous Charges
	a.
	b.
	c.

TOTAL \$

(Employee Signature & date)

(Agency Budget Approval and date)

(Assistant Secretary Signature and date)

(Undersecretary Approval and date)

<i>Fund</i>	<i>Cost Center</i>	<i>GL Code</i>	<i>WBS Element</i>	<i>Grant</i>	<i>Order</i>	<i>Amount</i>
--------------------	---------------------------	-----------------------	---------------------------	---------------------	---------------------	----------------------