IN STATE MEETING REQUEST

CABINET FOR HEALTH AND FAMILY SERVICES

**DEPARTMENT:**

**DIVISION:** Click or tap here to enter text

**DATE OF MEETING:** Click or tap here to enter text

**PURPOSE/JUSTIFICATION OF MEETING:**

Click or tap here to enter text.

Click or tap here to enter text.

**LOCATION OF MEETING:**

Address, City, Zip:

Proposed Venue: Click or tap here to enter text.

Is a State Park being used? Click YES Click NO

If NOT, WHY? Click or tap here to enter text

**NUMBER OF PERSONS ATTENDING MEETING:**

STATE EMPLOYEE: Click or tap here to enter text.

NON-STATE EMPLOYEE: Click or tap here to enter text.

**ESTIMATED TOTAL COST OF MEETING:** $Click **DEPT/UNIT:** Click

MEETING ROOM: $0.00 SUB FUNCTION: Click

\*FOOD/BEVERAGES: $Click SUB FUNCTION: Click

CONTRACT LODGING: $0.00 SUB FUNCTION: Click

OTHER: $0.00 SUB FUNCTION: Click

\*Signatures To Be Obtained by DPGO\*

Date

**OAS APPROVED:** Click or tap here to enter text. Click

(Executive Director- Office of Administrative Services) Date

**ADDITIONAL APPROVAL:** Click or tap here to enter text. Click

(Office of the Secretary ONLY for > $500.00) Date

\*A PPATS Request must be approved with all necessary Agency Approvers before sent to DPGO.

\*ALL FOOD/BEVERAGES (NOT INCLUDING PER DIEM), MUST BE APPROVED through the Pro Card Program Administrator for MCC code changes by OOC.