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| **State Administrative & Accounting Manual**  (SAAM) 10.10.55  Justification for Use of Non-State Facility |

*“When meeting or conferences are necessary, agencies must give first preference to locations at state or other public (e.g., local government) facilities.”*

**Date**:

**Name**: **Departmen**t:

**Phone Number**: **E-mail**:

**Event**: **Event Dates**:

**Event Location: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **What is the purpose and objective of this meeting?**
* **What is the name of the organizations or persons expected to attend and an estimate of the attendance?**
* **What is an estimate of the anticipated cost to the state to include travel costs of travelers?**
* **Identify state facilities considered for this event, if any.**
* **Provide an explanation why state owned or other public owned barrier-free facilities cannot be used.**

**Signature of Authorizing Official**\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**Authorizing Official = Dean, Chair, Director or Assistant thereof*