

Louisiana State University Office of Accounting Services Accounts Payable and Travel 217 Thomas Boyd Hall

	JEST FOR AF ING – CONFERE						ERENCE	ECENTER			AS540
Reques	st Date										
Check	all that apply:		Complete section A; attach a copy of the approved Spend Authorization ECM and hotel confirmation. See Room Rental – Complete section B; attach a copy of the Lod Cook contract.								
1	Hosting Individual or Group										
2	Department										
	Contact										
4	Phone		F	-ax			E-ma	il			
5	Event Name							Event Date(s)			
6	Program	Project	Gift		Grant		Additional Worktags		PO#		SPA Approval
7	Event's Purpose/Benefit to LSU									·	
	SECTION A – GUEST LODGING										
8	Visitor										
9	Room Type	☐ Deluxe Room					1-Bedroom Suite				
10	Check-in Date		Check				c-out Date				
11	# Nights		Daily Rate		Tota	al Amou	nt		Sper Categ		
			SECTI	ON B – CONF	ERENCI	E ROOI	M RENTAL				
12	Conference/Work	shop									
13	Event Start Date			Event End [nt End Date			Audio/Vide Amount			
14	# Days		Daily Rate	aily Rate Total Am		al Amou	ınt			Spend Category	
APPROVALS			Signature			Title			Date		
Requesting Department											
Dean/Director or Dept Head/Chair											
Accou	unting Services										