



LOUISIANA STATE UNIVERSITY

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

**REQUEST FOR APPROVAL – COOK CONFERENCE CENTER
LODGING – CONFERENCE ROOM RENTAL – CATERING (To be invoiced to LSU)**

AS540

Request Date _____

Check all that apply:

- Lodging – Complete section A; attach this form to a copy of the approved AS516 form for the guest.
- Conference Room Rental – Complete section B; attach a copy of the Lod Cook contract.
- Catering – Complete section C; for each meal (breakfast, lunch, dinner), attach a list of participants.
Include name, organization, and affiliation with LSU. List NOT required for breaks and receptions.

1	Hosting Individual or Group						
2	Department						
3	Contact						
4	Phone		Fax		E-mail		
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	<input type="checkbox"/> Deluxe Room			<input type="checkbox"/> 1-Bedroom Suite		
10	Check-in Date				Check-out Date		
11	# Nights		Daily Rate		Total Amount		Spend Category

SECTION B - CONFERENCE ROOM RENTAL

12	Conference/Workshop						
13	Event Start Date	Event End Date			Audio/Video Amount		
14	# Days		Daily Rate		Total Amount		Spend Category

SECTION C - CATERING

15	Event Date						
16	# Guests Invited		# Guests to be Served		Type of Meal	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Buffet Reception-Dinner <input type="checkbox"/> Reception <input type="checkbox"/> Refreshments	
17	Menu						

Estimated Cost

18	Per Person		# Guests		# Days		Total Cost		Spend Category	
----	------------	--	----------	--	--------	--	------------	--	----------------	--

APPROVALS		Signature			Title		Date
Requesting Department							
Dean/Director or Dept Head/Chair							
Accounting Services							