

STATE OF WYOMING
DIRECT BILL and/or FOOD AUTHORIZATION FORM

Agency Name: _____ Agency Number: _____

Responsible Employee: _____ Phone Number: _____

Date of Function: _____ Date of Request: _____

Division: Cultural Resources Administration State Parks, Historic Sites, & Trails

AGENCY MISSION: We provide memorable, recreational, cultural and educational opportunities and experiences to improve communities and enrich lives.

AGENCY VISION: Provide the best opportunities and experiences in the Nation.

AGENCY GOALS:

- Improve impact and contribute to the State's Economic Diversification
- Serve and Educate our Customers/Constituents
- Perform Evaluation, Preservation, Conservation and Restoration
- Exercise Brand Management
- Have a Competent and Satisfied Workforce

Direct Bill Request: Yes No

Food Purchase Request: Yes No

Description of Event:

Per the Governor's Executive Order, how is this “reasonably related to the performance of the Agency’s mission and is ultimately for the betterment of the State”?

Location of Event:

Name: _____

Address: _____

City: _____

Phone Number: _____

Number of Expected Attendees:

Attach a list of State Employees Attending Event

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Registration Fee: Yes No

Provide a copy of Registration Notice & Agenda

Estimate of Expenses:

Attach Copy of Vendor Contracts and/or Agreements to Direct Bill Payment Voucher

Food:	_____
Beverages:	_____
Lodging:	_____
Room Rental:	_____
Equipment Rental:	_____
Other (Misc Items):	_____
Total Estimated Costs:	_____

Funding Type: General Funds Federal Funds Other Funds

Funding Support: Yes No If yes, what type: Friends Group Sponsors/Partners Other

**If funding support is available, why is SPCR paying for the Event?

Budget Coding:

Budget Fiscal Year	Fund	Unit	Program	Phase

Request Approved by Administrator: Yes No

Administrator Approval: _____ Date: _____

Request Approved by Director: Yes No

Director Approval: _____ Date: _____