Department of Management

**CONFERENCE SPONSORSHIP JUSTIFICATION**

**This justification is to be completed if your department intends to sponsor an in-state conference.**

**Approval must be received before a sponsorship commitment is made.**

***Please answer all of the questions listed below. Attach pages if additional space is needed.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department:** |  |  | **Division/Bureau/Section:** |  |

|  |  |
| --- | --- |
| **Name of Conference:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funding Source:** | **General:** | % | **Federal:** | % | **Other:** | % |

|  |  |
| --- | --- |
| **If Other, specify:** |  |

|  |  |
| --- | --- |
| **Cost:** |  |

|  |
| --- |
| **Why do you want to sponsor this conference?** |
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| --- |
| **How is it related to your department’s work?** |
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| --- | --- | --- | --- | --- | --- |
| **Submitted by:** |  | **Date:** |  | **Title:** |  |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Department Director Signature** |  |  | **Date:** |  |
|  |  |  |  |  |

***This form must be submitted to your DOM Budget Analyst.***

**DOM APPROVAL**

|  |  |
| --- | --- |
| **DOM Comments:** | |
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| **Approved by:** |  |  | **Date:** |  |
|  | ***DOM Representative*** |  |  |  |