

# LOCAL/NON GOVERNMENT MEETINGS ONLY

TO BE USED IN-LIEU OF HHS-99

REGISTRANT'S NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

BLDG/RM/PHONE: \_\_\_\_\_

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CAN: \_\_\_\_\_

REGISTRATION/TUITION COST (25.2W): \_\_\_\_\_

TRAVEL-RELATED COST:

OBJECT CLASS CODE: \_\_\_\_\_

MILEAGE: \_\_\_\_\_, PARKING: \_\_\_\_\_, PUBLIC TRANSPORTATION: \_\_\_\_\_

TRAVEL COST TOTAL: \_\_\_\_\_

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VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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TITLE OF MEETING/COURSE: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S SIGNATURE/DATE: \_\_\_\_\_