

Request Prepayment of Registration Fee

Date

Issue Check to:

Vendor number A

Person Attending

Type or Name of Workshop

Workshop Location

Workshop Dates

Registration Fee

Account to Charge

(Include letter or registration form that indicated amount of registration fee and meals included.)

OVERNIGHT STAY YES NO

I, the undersign, agree to reimburse the State of South Dakota the entire cost of the conference registration fee should I not be able to attend for any reason other than no fault of my own. I, the undersign, also agree to deduct any meals provided by the conference from the reimbursement for the given time period (Board of Finance 5 01 02 23).

Signature of Person Attending Workshop

Signature – Department Head