

**IDAHO DEPARTMENT OF CORRECTION
Event Request Form**

Name of Event: _____

Location of Event: _____

Date of Event: _____ Estimated # of Attendees: _____

Justification or Benefit

Supporting Documentation

Please check off the following forms and submit them with this Event Request Form:

- | | | |
|---|--|--|
| <input type="checkbox"/> Copy of Meal Menu | <input type="checkbox"/> Draft of Agenda | <input type="checkbox"/> Invitation Bid/Estimate |
| <input type="checkbox"/> Copy of Refreshment Menu | <input type="checkbox"/> Draft of Invitation | <input type="checkbox"/> Pertinent Information |
| <input type="checkbox"/> Copy of Sign-in Sheet | <input type="checkbox"/> Email Support | <input type="checkbox"/> Schedule of Events |

Estimated Cost of Event (enter all amounts that apply)

Invitations _____

Refreshments _____ (Allowed _____ per person; Max allowed: _____)

Meals _____ (Allowed _____ per person; Max allowed: _____)

Display Materials _____

Rent of Facility _____

Other _____

Describe "other" costs

Total Event Cost _____

PCA # _____

Manager's (unit head's) Name

Signature

Date

For Leadership Team Use Only

Date Presented to Leadership Team: _____

Event: Approved Disapproved

Team Representative's Name

Signature

Date

(Form last updated _____)