

CONFERENCE/SPECIALIZED TRAINING REQUEST

Date: _____

To: _____

Thru: _____

From: _____

RE: _____ Conference

_____ Location

_____ Date(s)

Reason(s) why training/attendance is requested:

Costs: Registration _____

Lodging _____

Per Diem _____

Transportation _____

Total Estimated Cost _____

Transportation Mode:

Airplane

Personal Vehicle

State Vehicle

Paid by: _____

(Region/Association/Organization/Other)

Note: Out of state travel requires agency director approval.

Check (✓) below where request has been reviewed and approved/denied:

_____ Supervisor/Facility head	_____ Approved	_____ Denied	_____ Date
_____ Unit Director	_____ Approved	_____ Denied	_____ Date
_____ Regional Director	_____ Approved	_____ Denied	_____ Date
_____ Chief of Operations	_____ Approved	_____ Denied	_____ Date
_____ Agency Director	_____ Approved	_____ Denied	_____ Date