Program Title: ______________________
Located at: ______________________
Date/Times: ______________________
Attendee: ______________________

Cost of Attendance
Registration: ______________________
Travel: ______________________
Overtime: ______________________
Food/Lodging: ______________________
Other (explain): ______________________
TOTAL: ______________________

Benefit Provided by Attending: ______________________

Submitted by: ______________________ Date ______________________
Recommended by: ______________________ Comment: ______________________
Approved by Director: ______________________ Comment: ______________________

This form must be completed if you have signed up for training
Request should be accompanied by a copy of the program agenda or other appropriate documentation.