



## OUT-OF-STATE TRAINING REQUEST FORM

<b>EVENT DATES:</b>		<b>COST CENTER:</b>	
<b>LOCATION:</b>		<b>FUND:</b>	
<b>PURPOSE:</b>		<b>REQUESTED BY:</b>	
<b>COURSE NAME:</b>		<b>PARTICIPANT NAME:</b>	
<b>EXPENSE</b>			<b>AMOUNT</b>
<b>LODGING:</b>	NUMBER OF NIGHTS      X      PLUS TAX =		
<b>TRAVEL:</b>	AIR FARE:		
MILEAGE:                  MILES @                  CENTS PER MILE			
TAXI/SHUTTLE:			
RENTAL VEHICLE:			
PARKING: 20.00 A DAY X      =			
<b>MEALS:</b>	NUMBER OF BREAKFASTS:      X      =		
NUMBER OF LUNCHES:      X      =			
NUMBER OF DINNERS:      X      =			
NUMBER OF FULL DAY MEALS (IF APPLICABLE):      x <small>*USE STATE OR FEDERAL PER DIEM IF APPLICABLE <a href="http://www.gsa.gov/">HTTP://WWW.GSA.GOV/</a></small>			
<b>OTHER:</b>	REGISTRATION FEES:		
MISC. EXPENSES:			
<b>NAMES:</b>	LIST NAMES OF ADDITIONAL PARTICIPANTS:		
<b>TRAINING JUSTIFICATION:</b>	PLEASE ATTACH EXPLANATION OF HOW TRAINING IS APPLICABLE TO YOUR JOB, WHY YOU ARE REQUESTING TO ATTEND, ETC.		
<b>TOTAL:</b>	<b>BUDGET ESTIMATE:</b>		
DATE:	IMMEDIATE SUPERVISOR OR BUDGET MANAGER:		
DATE:	FINANCE:		