

GENERAL FUND TRAINING: REQUEST FORM

COMPLETE THIS FORM AND SEND IT TO THE HUMAN RESOURCES OFFICE **WITH DOCUMENTATION OF THE PROPOSED TRAINING**. A COPY OF THE APPROVED TRAINING REQUEST WILL BE SENT TO YOU.

SCHOOL / SEMINAR: _____

PROGRAM SPONSOR: _____

LOCATION: _____ **DATE(S):** _____

EMPLOYEE(S) ATTENDING: _____

WAS THIS TRAINING REQUEST APPROVED IN THE CURRENT GENERAL FUND TRAINING BUDGET? YES NO

ITEM DESCRIPTION	AMOUNT PER PERSON	TOTAL AMOUNT	PAYMENT METHOD
REGISTRATION AND FEES			
_____ _____ <input type="checkbox"/> I'm registering myself/my staff <input type="checkbox"/> I'd like HR to register me/my staff			<input type="checkbox"/> Travel advance filed <input type="checkbox"/> Paid by employee for reimbursement <input type="checkbox"/> Separate claim paid in advance by HR <input type="checkbox"/> Bill to Human Resources Office
TRANSPORTATION			
<input type="checkbox"/> Personal vehicle: _____ miles at reimbursement rate of _____ ¢ per mile <input type="checkbox"/> Common carrier: _____ <input type="checkbox"/> Rental vehicle: _____ (Requires pre-approval of Auditor) <input type="checkbox"/> Ground transportation: _____			<input type="checkbox"/> Travel advance filed <input type="checkbox"/> Paid by employee for reimbursement <input type="checkbox"/> Separate claim paid in advance by HR <input type="checkbox"/> Bill to Human Resources Office
MEALS, LODGING & OTHER ANTICIPATED EXPENSES			
Per diem: _____ days at \$_____ per day. Please use GSA Per Diem meal rates for In-State and Out-of-State. www.gsa.gov/travel/plan-book/per-diem-rates *Attach documentation re: meals that will be provided. These cannot be included in a request for payment Lodging: PLEASE ASK FOR STATE RATES WHEN POSSIBLE _____ room(s) for _____ night(s) at \$_____ per room/night			<input type="checkbox"/> Travel advance Will be filed <input type="checkbox"/> Paid by employee for reimbursement <input type="checkbox"/> Separate claim paid in advance by HR <input type="checkbox"/> Bill to Human Resources Office
TOTAL REQUESTED			
TOTAL APPROVED			

DEPT. HEAD APPROVAL: _____ **DATE:** _____

HUMAN RESOURCES OFFICE APPROVAL: _____ **DATE:** _____

NOTE: UNLESS OTHERWISE NOTED, IT IS YOUR RESPONSIBILITY TO MAKE ALL ARRANGEMENTS TO ATTEND THIS TRAINING AND FOR ACCOMMODATIONS, TRANSPORTATION AND MEALS. IF REQUESTING A TRAVEL ADVANCE, OBTAIN FORMS FROM THE HUMAN RESOURCES OFFICE AND SUBMIT THEM TO THE HR OFFICE FOR APPROVAL AT LEAST TWO WEEKS PRIOR TO DEPARTURE DATE. WITHIN SEVEN (7) DAYS FOLLOWING YOUR RETURN, SUBMIT ALL RECEIPTS AND A COMPLETED CLAIM FORM TO THE HUMAN RESOURCES OFFICE FOR PROCESSING.