

## EDUCATION, TRAINING, TRAVEL REQUEST FORM



To request a training/education course or travel, please complete the ENTIRE form and submit it to your department head. Attach any vendor literature and registration forms. When attaching registration forms, please be sure to complete your personal information and leave billing/payment information blank. Any changes must be submitted in writing on a new form. Requests will only be accepted during early or regular registration. Delta City will not pay late registration fees. If you cancel or do not attend, you will be responsible to repay any money paid out and not refunded.

<b>Requestor</b>	Name _____ Department _____ Signature _____	Contact # _____ Email _____ Date _____
<b>Course</b>	Title _____ Dates _____ Times _____ Location _____ Purpose _____ Required for Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Registration Fees</b>	\$ _____ 0 Pay to: _____ _____	For Office Use Payment Type: _____ Date: _____
<b>Lodging</b>	\$ _____ Pay to: _____ _____	For Office Use Payment Type: _____ Confirmation #: _____ Date: _____
<b>Meal &amp; Mileage</b>	\$ _____ 0 Breakfasts _____ 0 x \$13 = _____ 0 Lunches _____ 0 x \$14 = _____ 0 Dinners _____ 0 x \$23 = _____ 0 Wed PM - All other provided Miles _____ 0 x .58 _____ 0 ___ N/A Taking City Vehicle Deductions: Guest Meals etc. _____ 0	For Office Use Check #: _____ Date: _____ I received Per Diem and will use it for City Training purposes as requested. Requestor initials: _____
<b>Other</b>	\$ _____ 0 Pay to: _____ _____ For: _____	For Office Use Payment Type: _____ Date: _____
<b>Total</b>	\$ _____ 0	
<b>Funding</b>	Pay from GL #: _____	
<b>Leave Calendar</b>	Time verified and entered on leave calendar. Employee Initials: _____ Supervisor Initials: _____	
<b>Supervisor Approval</b>	This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (see attached rationale) Supervisor Signature _____	
<b>Notes:</b>		