

## 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 \_\_\_\_\_

**Transportation Mode:**

- Airplane
- Personal Vehicle
- State Vehicle

Total Estimated Cost \_\_\_\_\_

No cost to the agency: \_\_\_\_\_(responsible for costs)

Paid by: \_\_\_\_\_  
(Division/Unit/Association/Organization/Other)

*Note: All out of state travel requires agency director approval, regardless of agency expense or not.*

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

_____ Supervisor/Facility head	_____ Approved	_____ Denied	_____ Date
_____ Administrator, as applicable	_____ Approved	_____ Denied	_____ Date
_____ Division Chief /Head	_____ Approved	_____ Denied	_____ Date
_____ Chief of Operations/Staff	_____ Approved	_____ Denied	_____ Date
_____ Agency Director	_____ Approved	_____ Denied	_____ Date