APPENDIX A

Training Request

Employee:	Training Course:	Training Dates:
Training Location:	Training Sponsor:	**Employee: Attach completed training registration form to this request.
Training Objectives: *(Short Summary)*		

Requesting reimbursement for: Check the ☒ and fill in the amounts. $		**Transportation Used:** Check all that apply
☐ Registration	$	☐ Airline
☐ Air Fare	$ -	☐ Personal Vehicle
☐ Meals (Est. $ per day **x** days	$	☐ Department Vehicle
☐ Hotel Nights @ $ /night + %Tax =	$	☐ Rental Vehicle
☐ Cab/Shuttle est. costs	$ -	☐ Cab/Shuttle/Courtesy Veh.
☐ Rental Vehicle	$ -	
☐ Misc./Other costs (Attach additional sheet if necessary)	$ -	
☐ Mileage	$ -	
Total Estimated Costs:	**$**	

Employee Signature: Date:

Approval/Notifications:

City Clerk: _____ Date _____

*City Council: _____ Date _____

City Administrator _____ Date _____

*Out-of-State travel approval

Reason for denial of training: _____ By:

Rev. 02/27/2019