



## APPENDIX A

### Training Request

|                                                                                                                                                                                       |                                                       |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------|
| City Council Member:<br><u>Suzie Nakasian</u>                                                                                                                                         | Training Course:<br><u>NLC's Congressional Conf.</u>  | Training Dates:<br><u>March 12-16, 2022</u>                                         |
| Training Location:<br><u>Washington, DC</u>                                                                                                                                           | Training Sponsor:<br><u>National League of Cities</u> | **City Council Member: Attach completed training registration form to this request. |
| Training Objectives: (Short Summary)<br><u>Provides local leaders with the tools &amp; connections to help build a brighter future for our nation's cities, towns &amp; villages.</u> |                                                       |                                                                                     |

|                                                                                                                |                            |                                                     |
|----------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------|
| <b>Requesting reimbursement for:</b> Check the <input checked="" type="checkbox"/> and fill in the amounts. \$ |                            | <b>Transportation Used:</b><br>Check all that apply |
| <input checked="" type="checkbox"/> Registration                                                               | \$ <u>630</u>              | <input type="checkbox"/> Airline                    |
| <input type="checkbox"/> Air Fare <u>TBD</u>                                                                   | \$ - <u>TBD</u>            | <input type="checkbox"/> Personal Vehicle           |
| <input type="checkbox"/> Meals (Est. \$      per day x      days <u>TBD</u> )                                  | \$ <u>TBD</u>              | <input type="checkbox"/> Department Vehicle         |
| <input type="checkbox"/> Hotel      Nights @ \$      /night +      %Tax = <u>TBD</u>                           | \$ <u>TBD</u>              | <input type="checkbox"/> Rental Vehicle             |
| <input type="checkbox"/> Cab/Shuttle est. costs                                                                | \$ -                       | <input type="checkbox"/> Cab/Shuttle/Courtesy Veh.  |
| <input type="checkbox"/> Rental Vehicle                                                                        | \$ -                       |                                                     |
| <input type="checkbox"/> Misc./Other costs (Attach additional sheet if necessary)                              | \$ -                       |                                                     |
| <input type="checkbox"/> Mileage                                                                               | \$ -                       |                                                     |
| <b>Total Estimated Costs:</b>                                                                                  | <b>\$ <u>630 + TBD</u></b> |                                                     |

City Council Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                                      |            |
|--------------------------------------|------------|
| <b>Approval/Notifications:</b>       |            |
| City Clerk: _____                    | Date _____ |
| *City Council: _____                 | Date _____ |
| City Administrator _____             | Date _____ |
| *Out-of-State travel approval        |            |
| Reason for denial of training: _____ | By: _____  |
| Rev. 02/27/2019                      |            |