



## APPENDIX A

### Training Request

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

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

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: \_\_\_\_\_