



APPENDIX A

Training Request

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

Requesting reimbursement for: 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 \$ -	Transportation Used: 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.
Total Estimated Costs: \$	

City Council Member Signature: _____

Date: _____

Approval/Notifications:

City Clerk: _____ Date _____

*City Council: _____ Date _____

City Administrator _____ Date _____

*Out-of-State travel approval

Reason for denial of training: _____ By: _____