

FACILITIES DEVELOPMENT & OPERATIONS
Request for Training & Development/Travel

Check ALL that apply:

Training Registration:

Date: _____

Travel Accommodation:

Director's Approval: _____

Employee Name: _____

Name of Event / Description of Trip: _____

Dates of Trip / Training: _____

City, State of Destination: _____

Please indicate transportation requirements:

Car Rental: Yes or No

Personal Vehicle: Yes or No

Airline Preferences:

Departure Date: _____ **Airport:** _____ **Preferred Time:** _____

Return Date: _____ **Airport:** _____ **Preferred Time:** _____

Hotel Reservation:

Preferred Hotel: _____

Hotel Phone Number: _____

City, State: _____

Circle Preferences:

Room: SNG DBL **Bedding:** 1K 1Q 2K 2Q 2D

Smoke Non Smoke

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Administration Use ONLY:

Requisition number: _____

Chart Field: _____