

# FACILITIES DEVELOPMENT & OPERATIONS

## Request for Training & Development/Travel

If you receive a certificate for ANY training please forward a copy to FD&O Payroll.

Check ALL that apply:

Training Registration:

\*Required information, see below

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

Administrator's Approval: \_\_\_\_\_

Date signed

Travel Accommodation:

AVP's Approval: \_\_\_\_\_

Date signed

Please complete travel profile available at  
[http://www.travelcons.com/3146893\\_6410.htm](http://www.travelcons.com/3146893_6410.htm)  
and attach one time so we may retain on file

Employee Name (Or Names if all attending same training): \_\_\_\_\_

Name of Event/Description of Trip: \_\_\_\_\_

Dates of Trip/Training: \_\_\_\_\_

City, State of Destination: \_\_\_\_\_

Registration Cost: \_\_\_\_\_

\*Payment and registration information required: (Supply brochure, website/url or instructions for processing payment & registration otherwise request can not be processed)

Special Instructions: \_\_\_\_\_

Please indicate transportation requirements: (check one)

Car rental:

Personal vehicle:  will you be claiming mileage reimbursement?  YES  NO

\*Director approval required for use of personal vehicle and a Authorization to use private Vehicle on State Business form completed.

State vehicle:  (3-day advance reservation recommended - please sign out for vehicle separately)

Airline Preferences:

Departure Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Airport: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Hotel Reservation:

Preferred Hotel: \_\_\_\_\_

Hotel Phone Number: \_\_\_\_\_

City, State: \_\_\_\_\_

Administration use ONLY:

Requisition/TR #: \_\_\_\_\_

Chart Field: \_\_\_\_\_