

Training Request

PMCS

ALL REQUESTS MUST HAVE FINAL APPROVAL AT LEAST TWO WEEKS PRIOR TO THE REQUIRED PAYMENT DATE, THREE WEEKS IF CASH ADVANCE IS REQUESTED.

Please take the following steps to ensure that your request is processed in a timely manner:

1. Fill out this form completely. Be specific about dates, times and costs.
2. Attach all information concerning the training you wish to attend.
3. Save this form then submit it via email or printed copy.
4. You and your supervisor will be emailed to let you know if you've been registered.

Dept/Division: _____

Date Submitted: _____

Name	EID	Crew #	Registration Fee

Event Name: _____ Event Date(s): _____

Start time: _____ End time: _____ Location: _____
 (address, city, state)

Travel Date(s): _____

Request Reimbursement

Travel Information: Request Cash Advance

Away from campus more than 4 hours

Registration Information:
 (include vendor, contact info, web link, discount information including deadline)

Type of Training: _____

Notes: _____

Expenses per person

Registration Fee:	_____
Transportation:	_____
Lodging:	_____
Meals:	_____
Other Expenses:	_____
TOTAL EXPENSES:	_____

Total Expenses (if more than one person)

Registration Fee:	_____
Transportation:	_____
Lodging:	_____
Meals:	_____
Other Expenses:	_____
TOTAL EXPENSES:	_____

Supervisor signature Date

Manager signature Date

Asst/Assoc Director signature Date

Operations Manager signature Date

Director signature¹ Date

¹ All training requests with any out-of-town travel or training costs above \$500 must be approved by the Director.