

PROGRAM TITLE: _____ DATE(S): _____ TIME(S): _____

LOCATION: _____

PRESENTED BY: _____ TOPIC(S): _____

REASON FOR ATTENDING: _____ CONTACT HRS: _____ CORPORATE COMPLIANCE HRS: _____

REGISTRATION FEE/TUITION PAYABLE TO: _____

LODGING INFORMATION: NAME OF HOTEL/MOTEL ADDRESS PHONE # OF DAYS

Please Check Those Items Being Requested

PERSON(S) ATTENDING (X Driver)	Please Check Those Items Being Requested									
	__Transportation	Vendor # Account #	__Lodging	Vendor # Account #	__Registration Tuition	Vendor # Account #	__Meals	Vendor # Account #	__Time	
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—										
—										
—										
—										
SUB-TOTALS										

TOTAL \$ _____ Hrs. _____

REQUESTED BY _____ DATE SIGNED _____
 SUPERVISOR _____ __Approved __Denied DATE SIGNED _____
 ADMINISTRATOR _____ __Approved __Denied DATE SIGNED _____
