

TRAINING/TRAVEL REQUEST FORM

Please attach copy of training information/agenda. Fiscal will not process without backup information.

Note: Travel requests will not be made without approving signatures. Any special travel or room arrangements must be pre-approved by your supervisor.

Name (as on Drivers License):		Center: SHS EHS	
Title of training:		Job Title/Center Location:	
Date of training:	City of training:		
Flight needed: Yes / No Departing from: ➤ Redding _____ ➤ Sacramento _____ ➤ Other _____ Arriving in (name of city): _____ Your DOB (required by airlines):	Departure Date/Time: _____ Return Date/Time: _____ Total Number of Nights: _____	Email address: _____ Cell phone: _____ Emergency Contact Name/Phone: _____ Food allergies/special needs: _____ _____	
Airport parking needed: Yes No Rental car needed: Yes No Shuttle needed: Yes No Taxi needed: Yes No	Meals needed: (Please attach copy of training agenda showing which meals being served.) How many (#) meals will be needed: Breakfast: _____ Lunch: _____ Dinner: _____	Are you registering yourself for this training?: Yes No (If yes, please attach your completed registration form.)	
Hotel room needed: Yes No Name of Hotel and City located:	How does this training relate to your position and how will you share this information?		

Your Signature

Date

Supervisor's Signature

Date

Director's Signature (If over \$100)

Date