

## 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.

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

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**Your Signature**


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**Date**


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**Supervisor's Signature**


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**Date**


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**Director's Signature (If over \$100)**


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**Date**