

# Out of State Travel/Training Request Presented to Oversight Committee for Approval

Requesting Supervisor/Manager:

Names of Employees Attending:

Department:

Name of Training	Dates of Training	Location of Training

Estimated cost of training	\$
Estimated cost of travel	\$
Estimated cost of meals	\$
Estimated cost of accommodations	\$
Estimated cost of misc. expenses	\$
Estimated cost of overtime	\$

**Estimated total: \$**

If applicable, what are the misc. expenses for?

Requesting Supervisor/Manager Comments:

What are the objectives for the training?

How will this training be shared/implemented upon return? How will this training benefit the City?

Supervisor Approval/Decline

Approved  Declined  Reason for decline: \_\_\_\_\_

Supervisor/Manager Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

\*Please attach any additional information you would like considered with this request