Conference/Training Request and Report Form

Section I - Request Department Name	Index No
Employee Name and Title	
Conference/Training Title	
Host Organization*	
Conference/Training Location	
Conference/Training Dates	
Your Date of Departure	Your Date of Return
Estimated Costs 4170 Registration Fee 4166 Mileage 4150 Airfare 4162 Lodging Cost per night 4164 Meals Per Diem Rate Partial Day Per Diem 4168 Other (Describe) 4168 Other (Describe) Total Estimated Costs Purpose Please describe the County purpose served by the anticipated benefits?	xfull days \$s\$ \$\$ \$\$ \$ conference/training. What are the
Paguastaria Signatura	Data
Requester's Signature	
Approved By	
Approved By	Date
*Attach Complete Agenda, Training Curriculum, Re	gistration Form

Routing for all out-of-state expenditures related to conferences/training: Dept to CAO, attach a copy to AUD-26 Routing for all in-state travel expenditures related to conference/training: Dept internal, attach a copy to AUD-26

AUD-26C

Section II - Report

Please fill this section out upon the completion of the training or conference, attach to a copy of the signed request (Section I), and submit to the Auditor-Controller's office with a copy of the Travel Reimbursement Form (AUD-26). A copy of the complete package should also be placed on file with your department's fiscal records.

1. Describe the primary/major benefits gained from the training/conference:

2. Describe the new knowledge, skills or information acquired:

3. How did this training/conference apply to your current job and/or professional development?

4. What would you like others in your department to know about this training/conference, and how will you share the information and knowledge gained?