

Conference/Training Request and Report Form

Section I - Request

Department Name _____ OSAS^ _____

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

62924 Registration Fee		\$ _____
62924 Mileage		\$ _____
62924 Airfare		\$ _____
62924 Lodging	Cost per night _____ x _____ nights	\$ _____
62924 Meals	Per Diem Rate _____ x _____ full days	\$ _____
	Partial Day Per Diem _____	\$ _____
62928 Other (Describe) _____		\$ _____
62928 Other (Describe) _____		\$ _____
Total Estimated Costs		\$ _____

Purpose

Please describe the County purpose served by this conference/training. What are the anticipated benefits? _____

Requester's Signature _____ Date _____

Approved By _____ Date _____

Approved By _____ Date _____

*Attach Complete Agenda, Training Curriculum, Registration 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

