

### 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 _____ x _____ nights	\$ _____
4164 Meals	Per Diem Rate _____ x _____ full days	\$ _____
	Partial Day Per Diem _____	\$ _____
4168 Other (Describe) _____		\$ _____
4168 Other (Describe) _____		\$ _____
<b>Total Estimated Costs</b>		<b>\$ _____</b>

**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

AUD-26C

