

CONFERENCE REQUEST

Date: _____

To: _____

Thru: _____

From: _____

RE: _____ Conference

_____ Location

_____ Date(s)

Reason(s) why training/attendance is requested:

Costs: Registration _____
 Lodging _____
 Per Diem _____
 Transportation _____
 Total Estimated Cost _____

Transportation Mode:

- Airplane
- Personal Vehicle
- State Vehicle

Paid by: _____
(Division/Association/Organization/Other)

Note: If conference requires out-of-state travel, attach a letter for director's approval.

Check (✓) below where request has been reviewed and approved/denied:

_____ Supervisor	_____ Approved	_____ Denied	_____ Date
_____ Administrator	_____ Approved	_____ Denied	_____ Date
_____ Division Manager	_____ Approved	_____ Denied	_____ Date
_____ Associate Director/Inspector General	_____ Approved	_____ Denied	_____ Date
_____ Director	_____ Approved	_____ Denied	_____ Date