



Training Authorization Request

Name: _____ Date: _____

Date (s) of Event: _____

Details of Event: _____

Title of Event: _____

Event Sponsor: _____

Registration Deadline: _____ Registration Cost: _____

Accommodation: Nights _____ @ _____

Shared with: _____ @ _____

Travel: Method _____ Distance _____ (x \$0.40/km)

Cost (Shared _____ yes _____ no)

Meals: (not included in registration)

Breakfast _____ x cost allowance _____

Lunch _____ x cost allowance _____

Dinner _____ x cost allowance _____

Total Wage Cost while Training: _____

Total cost to replace employee while away (include 15% benefit cost): _____

Total cost of training: _____

Allocation: _____

Authorization By: _____ Date: _____

Supervisor

_____ Date: _____

Manager

_____ Date: _____

Executive Director

Forward to Administration:

Registration form: _____ Accommodation Application: _____

Requisition for Funds: _____