

## In-Person Training Request Form

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Title:** \_\_\_\_\_

**Training Date(s):** \_\_\_\_\_

**Location (Town, State, Venue/Hybrid, etc.):** \_\_\_\_\_

**Brochure/Flyer attached:** YES NO (please attach description)

**Will you be attending this event as a:** Trainer Trainee

**Costs:** Estimated Actual

**\*\*Supporting documentation, certificate of attendance, receipts and proof of payments required \*\***

Expenses	Notes	Amount
<b>Registration</b>		\$
<b>Mileage/Ground Transportation (\$0.625)</b>		\$
<b>Lodging (GSA rate)</b>		\$
<b>Air Fare (economy only)</b>		\$
<b>Tolls/Parking</b>		\$
<b>Miscellaneous</b>		\$
<b>Total</b>		\$

**County MDT Coordinator has been informed of this request: Yes**

**Signature:** \_\_\_\_\_

\*Lodging that exceeds the government rate (GSA.gov) will NOT be eligible for reimbursement.

\*Mileage will be reimbursed at the prevailing government rate.

\*If for any reason you do not attend, please notify [Katherine@njcainc.org](mailto:Katherine@njcainc.org)

\*Reimbursement will be issued after attending the training once you submit supporting documentation.

**For NJCA Approval Only:**

Approval: \_\_\_ YES \_\_\_ NO Date: \_\_\_\_\_

Signature: \_\_\_\_\_