

## Training Request Form

**Name:**

**Today's Date:**

**Agency:**

**County:**

**Job Title:**

**Discipline:**

**Email:**

**Phone:**

**Training Title:**

**Training Date(s):**

**Location (Town, State, Venue/Virtual, etc.):**

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

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

**Costs:** Estimated Actual

**Registration: \$**

**\*Mileage/Ground Transport: \$**

**Lodging\*: \$**

**Air Fare: \$**

**Tolls/Parking: \$**

**Miscellaneous: \$**

**TOTAL: \$**

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 [Victoria@njcainc.org](mailto:Victoria@njcainc.org)

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

**For NJCA Approval Only:**

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

Date: \_\_\_\_\_

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