

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 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: _____