

**DEPARTMENT OF LEGISLATIVE SERVICES
REQUEST FOR TRAVEL AND TRAINING**

To be completed prior to travel/training.

Name of Employee: _____ SAP Number: _____

Dept: _____ Office: _____ Date(s) of Travel/Training: _____

Title/Description/Purpose of Travel: _____

Training/Conference Sponsor: _____

Type of Event:

Computer Training	___	Conference	___	Cont. Prof. Education	___
Education	___	Meeting	___	Online Training	___
On-Site Training	___	Retreat	___	Site Visit	___
Seminar	___	Workshop	___		

Location: _____
City State Country

Cost: Registration Fee _____ **(Completed registration form must be attached)**
Transportation _____ Plane ___ Car ___ Train ___ Other _____
Meals _____
Lodging _____
Parking _____
Other _____
Total _____

Employee - Check to Sign Electronically

Employee Signature Date

Supervisor - Check to Sign Electronically

Office Director - Check to Sign Electronically

Employee Supervisor Date

Office Director Date

Out-of-State travel must be approved by the Executive Director.

Executive Director - Check to Sign Electronically

HR Manager - Check to Sign Electronically

Approved: _____
Executive Director Date

Approved: _____
HR Manager Date

Processed: HR Office: _____

Finance Office: _____