

REQUEST FOR TRAVEL/TRAINING FORM

Date:	Firefighter/Officer Making Request:
School/Seminar/Conference: (include location)	
Date of: From _____ To: _____	
Scheduled Work Days Affected: _____	
Program Synopsis: (Use back if necessary)	
Benefit to the Department: (Use back if necessary)	
Estimate of Costs:	
Registration	\$
Accommodations	\$
Meals	\$
Transportation (City vehicle must be used if at all possible)	\$
Other (Itemize)	\$
Total	\$
Approved/Disapproved	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Deputy Chief:
	Overtime required? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Officer:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Chief:
All information must be included at time of submission, ie brochures, etc. All submissions must be done in a timely fashion.	