

TRAINING AUTHORIZATION REQUEST

Please type or print clearly.

Date of Request: _____

1. Name of Attendee: _____ **Title:** _____

2. Employee Status: Permanent Temp Service **Supervisor:** _____

3. Name/Description of Training: _____

* Please attach program brochure or similar documentation outlining objective, agenda, costs, etc.

4. Location: _____ **Date(s):** _____

5. Comprehensive Cost: Registration: \$ _____ N/A Transportation: \$ _____ N/A

Lodging: \$ _____ N/A Meals: \$ _____ N/A

Miscellaneous (*be specific*): \$ _____ N/A

TOTAL: \$ _____

Please refer to the Binghamton University Travel Dept. website for current reimbursement rates and policies.

6. Training Justification: Have you attended similar training in the past? Yes No

Required to maintain current certification or job qualifications

Job skill enhancement - Explanation: _____

7. Supervisor: Is training held during the employee's normal work shift? Yes No

If yes, how will the employee's absence be covered? _____

Signature: _____ **Date:** _____

9. Director: _____ **Date:** _____

Signature

Training Authorized: Yes No

Funding: Training Budget Utility Budget Other Funding Source _____

Comments: _____

JoAnn J. Navarro, Vice President for Operations

Date

- ____ Post attendance/attendee calendars
- ____ Verify cost estimates
- ____ Complete R&A and submit to Business Office
- ____ Register for event
- ____ Reserve lodging
- ____ Arrange transportation

- ____ Complete travel expense report, mileage statement, & rental calculator, and submit payable ready documents to Business Office within 30 days
- ____ Prepare expense reconciliation and submit with original TAR and copies of R&A, expense report, and event literature to Admin Assist to AVP