

ATN 2016-0146

OFF-SITE TRAINING/TRAVEL REQUEST IN STATE/OUT OF STATE/COUNTRY

FC 83 (01-11-07)

INSTRUCTIONS:

1. Request must be filled out in its entirety, including the charge number for expenses. Failure to comply with these instructions may result in a processing delay.
2. Charge numbers must be verified by the Unit Manager; any questions regarding the charge numbers should be coordinated with Budget Coordinator for your group.
3. Attach a copy of the completed registration form and any other supporting documents.
4. Secure all appropriate signature approvals as noted below. If the appropriate signatures have not been secured, a delay may result in processing your request.
5. If the event is scheduled during your normal time off or on a holiday, do not record hours on your time sheet.
6. All paperwork, after final approval(s), must be forwarded 2-3 weeks in advance of travel to the Procurement Unit, Attention: Travel Coordinator.

EMPLOYEE INFORMATION																		
Name: <u>Beau Goldie</u>						District Cell Phone/Extension: <u>x 2634</u>												
Job Title: <u>CEO</u>						****Employee No.: <u>1214</u>												
Charge Numbers: Fill out every blank of the entire charge numbers before submitting the form!																		
Budget Yr.	Fund	Unit	Account				Project No.				Task							
<u>2016</u>	<u>111</u>	<u>1102</u>	<u>6</u>	<u>7</u>	<u>4</u>	<u>2</u>	<u>6</u>	<u>0</u>	<u>1</u>	<u>3</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>7</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
EVENT INFORMATION																		
Title of Conference/Seminar/Workshop, or Description of Meeting, or Other Travel Reason: <u>Conference for Urban Water Utility Executives</u>																		
Given by: <u>Metropolitan Water Agencies</u>									Location of Training: <u>Savannah, GA</u>									
Type of Request <input type="checkbox"/> Training <input type="checkbox"/> Health & Safety Training <input type="checkbox"/> Meeting <input checked="" type="checkbox"/> Professional Conference									Date(s): <u>Oct. 11-14, 2015</u>									
									Start/End Time:									
									Total Hours of Training:									
TRAVEL ARRANGEMENTS														Expenses	Amount			
Will you be a presenter? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														Registration Fee	<u>\$795</u>			
Meals included in the registration fee? <input type="checkbox"/> Yes <input type="checkbox"/> No														Meals (\$38/day)	<u>266</u>			
Dates of Hotel Stay: Check-In: <u>10/9/15</u> Check-Out: <u>10/15/15</u>														Hotel (Approximate)	<u>1725</u>			
Driving personal vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (NOTE: Reimbursable mileage is only up to the current cost of airfare at the time the request is processed by the Travel Coordinator.)														Mileage (\$.405/mile)				
Flying? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No From: <u>10/9</u> To: <u>10/15</u>														RT Airfare (Approximate)	<u>680.00</u>			
Dates/Times of Travel:														Miscellaneous Expenses				
Car rental needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hotel shuttle available? <input type="checkbox"/> Yes <input type="checkbox"/> No														TOTAL AMOUNT	<u>\$2786</u>			
APPROVALS																		
Unit Manager/Immediate Supervisor Signature: <u>[Signature]</u> Required														Date: <u>9/8/15</u>				
Deputy/Administrative/Operating Officer Signature: <u>[Signature]</u> Required														Date:				
Appointing Authority Signature: <u>[Signature]</u> Required for Out of State														Date: <u>10 Sept 2015</u>				
Chief Executive Officer Signature: <u>[Signature]</u> Required for Out of Country														Date:				
OFFICE USE ONLY																		
Method of Payment: <u>self</u>														Vendor No.:				

Please send the entire form and attachments to the Travel Coordinator.
See "INSTRUCTIONS" above.