

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,