LEAVE REQUEST FOR TRAINING FORM

Name:	Date:
•	prior to training date to allow time for prior approval,
registration, payme	nt and potential issues which may occur.)
Ask others in your 'group' if they are attending prior to submitting this form. Submit one Leav Request for the whole group and include all names:	
Name of Conference or Workshop:	*Attach flyer
Date: Location	n:
Registration Fee:	(Indicate if payment date affects fee.)
Payment Options: Select 1 based	l on information in registration materials-if you are unsure,
	raining and ask about payment options.
. , , ,	referred method. Fill out PO to submit with request.
	vill invoice WCED, and WCED will pay them).
(Agency conducting training w	minvoice wells, and wells will pay them).
Hand Davable: This option is a	used when a check is required at time of registration.
	, ·
•	and submit with request. (A check will be issued and
mailed to the training agency	or given to participant to hand in at training.)
	nen registration is done online with the credit card.
	ion Form to be submitted with request. Online
registrations will be complete	ed by you or Sandy after approval.
Before submitting, did you:	
Ask others in your group if they are a	ettending?
Include flyer and completed registrat	tion information for training?
Include completed Purchase Order O	R Hand Payable Form OR Purchase Requisition Form?
Hotel:	
	No. If Ves Sandy will contact you regarding details
Date/s of recordation:	No If Yes, Sandy will contact you regarding details Hotel Name/Location:
# Booms: Other:	Hotel Name, Location
# ROOMSOther	
Meals:	
	and for a transfer described at the discourse of
	owed from itemized receipts including name of
•	enses. Receipts submitted having only total expenditure
amount listed cannot be reimbursed.	FYI: Meal allowances: \$9, \$11, \$16 respectively.
Director Signature:	Date:
Director Signature.	Date: