## LEAVE REQUEST FOR TRAINING DIRECTIONS

Name:	Date:
(Submit requests at least 2 weeks p	prior to training date to allow time for prior approval,
registration, payment	and potential issues which may occur.)
Ask others in your 'group' if they are at	tending prior to submitting this form! Submit one Leave
Request for the whole group and includ	de all names:
Conference or Workshop:	Attach flyer
Date: Location:	
Registration Fee:	(Indicate if payment date affects fee.)
	n information in registration materials - if you are
unsure, please contact company condu	cting training and ask about payment options.

- <u>Purchase Order</u>: This is the preferred method. Complete PO to submit with request. (Agency conducting training will invoice WCED, and WCED will pay them.
- <u>Hand Payable</u>: This option is used when a check is required at time of registration. Complete Hand Payable form and submit with request. (A check will be issued and mailed to the training agency or given to participant to hand in at training.)
- <u>P-Card</u>: This option is used when registration is done online with the credit card. (Complete a Purchase Requisition to be submitted with request.) Online registrations will be completed by you or Sandy after approval.

## Before submitting, did you:

- Ask others in your group if they are attending?
- Include flyer and complete registration information for training?
- Include completed Purchase Order OR Hand Payable OR Purchase Requisition form?

## Hotel:

Is lodging needed?	Yes	N	١o	If Yes, Sandy will contact you regarding details.
Date/s of reservation:		H	otel N	Name/Location:
# Rooms:	Other:			

## Meals:

Reminder: Reimbursement is only allowed from <u>itemized receipts</u> including name of establishment, date and <u>detail of expenses</u>. Receipts submitted having only total expenditure amount listed cannot be reimbursed. FYI: Meal allowances: \$10, \$13, \$17 respectively.

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_