TRAINING REQUEST
AND
EXPENSE REIMBURSEMENT

"Where the North Begins"

GENERAL INFORMATION

DATE: _____

Employee: _____ Department: _____

Dates of Attendance: _____

Location of Conference, Seminar, etc.: _____

Conference/Training/Seminar Name: _____

Financial Considerations

	Expense	*Paid by or to be paid:* Direct bill	Credit card	If paid by CC, Tax Exempt *Form Sent and Contact Name*
				YES NO
Registration Fee:	$ _____	☐	☐	☐ ☐ _____
				YES NO
Lodging:	$ _____	☐	☐	☐ ☐ _____
Total of Expenses	$ _____			

	Yes	No
For the items listed above are Training Funds Budgeted in current year	☐	☐

Budgeted in Account No. _____

	Yes	No
Are grant funds available to reimburse registration and lodging?	☐	☐

ESTIMATED REIMBURSEMENTS

Fill in estimated column only when submitting form for approval.

	Estimated Expense	Actual Expense
Mileage - 67¢ per mile **(if City Vehicle is not available)**	$ _____	$ _____
Meals - (Based up receipts turned in, not to exceed $50.00 per day)	$ _____	$ _____
Parking, Tolls, etc.	$ _____	$ _____
TOTALS	$ _____	$ _____

	Yes	No
For estimated reimbursements are Training Funds Budgeted in current year for this expense	☐	☐

Budgeted in Account No. _____

	Yes	No
Are grant funds available to reimburse expenses NOT related to registration or lodging?	☐	☐

_____ _____   _____ _____
Department Head Approval   Date   City Administrator   Date

NOTE: Receipts are required for all expenses which are to be reimbursed.
All *paid* lodging receipts should be submitted within one week of training.