



# PGFEMS TRAINING REQUEST FORM

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Course Attended: \_\_\_\_\_ Career Development  Mandatory

**Registration/Tuition Fees:** (Attach a copy of Registration form)

  

**Check Request - Travel Advance  
Reimbursement**

**Transportation:**

**Reimbursement  
Check Request -  
Travel Advance**

**Airline:** \_\_\_\_\_

**Ground**

**Travel:**

County Vehicle (fuel)

Personal Vehicle \_\_\_\_\_miles\*

Other (Describe)

\$ \_\_\_\_\_

\*At mileage reimbursement established by County Admin.

**Lodging:**

**Hotel:** \_\_\_\_\_

Single Room Rate : \_\_\_\_\_

Number Nights \_\_\_\_\_

\$ \_\_\_\_\_ -

  

**Check Request - Travel Advance  
Reimbursement**

**Meals:** (do not include if part of the registration fee or otherwise provided)

**Check Request -  
Travel Advance  
Reimbursement  
(Itemized Receipts Required)**

Breakfast \_\_\_\_\_ x \_\_\_\_\_ \$ -

Lunch \_\_\_\_\_ x \_\_\_\_\_ \$ -

Dinner \_\_\_\_\_ x \_\_\_\_\_ \$ - \$ -

**Other Expenses:** (Reimbursement for actual cost of receipts)

**Other (describe):**

\$ \_\_\_\_\_ -

**TOTAL ESTIMATED COST:**

\$ \_\_\_\_\_ -

This form along with the appropriate student registration form(s) must be submitted to training division two weeks prior to the "course registration deadline date" for approval. All members who fail to meet this requirement will be responsible for all fees associated with that course including lodging and meals if required. Members may then follow the reimbursement process after completing that course to attempt to recover funds spent associated with that course.

Career /  
Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

Shift Supervisor  
Station Chief: \_\_\_\_\_

Date: \_\_\_\_\_

Training Cpt: \_\_\_\_\_

Date: \_\_\_\_\_

Chief \_\_\_\_\_

Date: \_\_\_\_\_

Pending Staffing