

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT

TRAINING / TRAVEL REQUEST FORM

To be submitted for approval of all travel costs occurring outside of the Commonwealth and exceeding \$300 or exceeding 300 miles from the grantee's or applicant's place of business.

COMPLETE SECTION A, THEN CHOSE BETWEEN SECTION B OR SECTION C. FORWARD VIA EMAIL TO THE DEP CENTRAL OFFICE, 903 GRANT PROGRAM MANAGER AT LEAST FOUR WEEKS PRIOR TO DEPARTURE.

| SECTION A | | |
|-----------|---|---|
| 1. | COUNTY: | |
| 2. | COUNTY RECYCLING COORDINATOR (CRC): | |
| 3. | CRC'S EMPLOYER: | |
| 4. | EMPLOYER'S STREET / BOX #: | |
| | CITY: ZIP: | |
| | EMPLOYER'S TELEPHONE #: () | |
| | SECTION B – Virtual Training Event | |
| | ease see form instructions regarding whether this application is required to qualify for a 903 Grant mbursement.) | |
| 1. | DATE(S) OF VIRTUAL TRAINING EVENT: From To: | |
| 2. | PURPOSE: Briefly describe the purpose of the travel/training. Travel/training must relate to a recycling venue to meet requirements for the 903 Grant reimbursement. Attach supporting documentation (agenda, etc.) as appropriate. | : |
| | SECTION C – Out of State Training Event | _ |
| | ease see form instructions regarding whether this application is required to qualify for a 903 Grant mbursement.) | |
| 1. | DATE(S) OF OUT OF STATE TRAVEL: From: To: | |
| 2. | DESTINATION: From: To: | |
| 3. | APPROXIMATE MILES TO BE TRAVELED (ONE WAY): | |

| 4. | METHOD OF TRANSPORTATION (Check all that apply) |
|----|--|
| | Airplane Train County or Personal Vehicle Other (Specify) |
| 5. | ESTIMATED COST |
| | Transportation / Tolls \$ |
| 6. | PURPOSE: Briefly describe the purpose of the travel/training. Travel/training must relate to a recycling venue to meet requirements for the 903 Grant reimbursement. Attach supporting documentation (brochures, agendas, etc.) as appropriate. Include information regarding meals (subsistence) that will be included in the conference/training fees. |
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| | FOR DEP USE ONLY |
| | Approved |
| | Disapproved |
| | Central Office 903 Grant Program Manager |
| | Date |