

TRAINING / TRAVEL REQUEST FORM

To be submitted for approval of training/travel costs (see instructions).

# 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.

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| **SECTION A** |

1. COUNTY:

2. COUNTY RECYCLING COORDINATOR (CRC):

3. CRC’S EMPLOYER:

4. EMPLOYER’S STREET / BOX #:

CITY:       ZIP:

EMPLOYER’S TELEPHONE #: (   )    —

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| **SECTION B – Virtual Training Event** |

**(Please see form instructions regarding whether this application is required to qualify for a 903 Grant reimbursement.)**

1. DATE(S) OF VIRTUAL TRAINING EVENT: From       To:
2. PURPOSE: Briefly describe the purpose of the training. To meet requirements for the 903 Grant reimbursement, training must relate to a recycling venue. Attach supporting documentation (agenda, etc.) as appropriate.

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| **SECTION C – Training/Travel Event** |

**(Please see form instructions regarding whether this application is required to qualify for a 903 Grant reimbursement.)**

1. DATE(S) OF TRAINING/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)

1. ESTIMATED COST

Transportation / Tolls $

Conference Fees $

Lodging $

Subsistence $

Other $

TOTAL $

1. PURPOSE: Briefly describe the purpose of the training/travel. To meet requirements for the 903 Grant reimbursement, training must relate to a recycling venue. Attach supporting documentation (brochures, agendas, etc.) as appropriate. Include information regarding meals (subsistence) that will be included in the conference/training fees.

# FOR DEP USE ONLY

Approved

Disapproved

Central Office 903 Grant Program Manager

Date