

CITY OF SNOQUALMIE
REQUEST TO ATTEND TRAINING/CONFERENCE

REQUESTED BY: _____ DEPARTMENT: _____

NAME OF TRAINING OR CONFERENCE: _____

DATES: _____

LOCATION OF TRAINING/CONFERENCE: _____

SUBJECT / RELATIONSHIP TO POSITION: _____

ESTIMATED COSTS:	REGISTRATION FEES (Registration Form Must be Attached):	\$ _____
	TRAVEL (Including estimated mileage)	\$ _____
	LODGING (Number of Nights _____ x Room Rate \$ _____ =	\$ _____
	MEALS (In accordance with Personnel Policies/Training & Travel Policy)	\$ _____
	ESTIMATED TOTAL	\$ _____

ITEM BUDGETED: () yes () no *NOTE: If Using A Fund Number NOT Assigned To Your Department, You MUST Obtain The Appropriate Department Head Signature For Approval)*

FUND # _____ Fund Description _____
FUND # _____ Fund Description: _____

NOTE: APPROVALS ARE REQUIRED PRIOR TO REGISTRATION

Requesting Employee Signature/Date

Supervisor Approval/Date

Department Head Approval/Date

City Administrator Approval/Date