

TRAVEL/TRAINING REQUEST FORM

AFC UNIT: _____

REQUEST FOR (CHECK ONE)
 OUT-OF-STATE TRAVEL OR IN-STATE TRAINING

NAME: _____

TITLE: _____

OFFICIAL STATION: _____

PURPOSE OF REQUEST: _____

DESTINATION AND STOP-OVER POINTS: _____

MODE OF TRAVEL: _____

DATE OF DEPARTURE: _____ DATE OF RETURN: _____

LODGING RESERVATIONS (TRAINING ONLY) REQUESTED FOR:

LIST DATE(S) _____

COST:

- a. Transportation _____
- b. Meals & Lodging _____
- c. Direct Payment to Provider _____
- d. Miscellaneous Items _____
- e. Registration Fee _____
- f. Grand Total \$ _____

APPROVED: SUPERVISOR SIGNATURE _____

APPROVED: STATE FORESTER OR DESIGNEE _____

CONFERENCE & TRAVEL FUND CUSTODIAN USE ONLY:

CONFERENCE OR TRAINING (Check One) FUND AUTHORIZATION (COMITTMENT ITEM 09)

DATE: _____ APPROVED: AMOUNT: _____
SIGNATURE _____

