

Request for Pre-approval to Attend Training – Highland Township

Name: _____

Title: _____

Department: _____

Date of Request: _____

Conference/Event Details:

Course/Event: _____

Purpose (certification, topic, or skill): _____

Date(s): _____

Time – Beginning (first day): _____

Time – Ending (last day): _____

Location: _____

Transportation: _____

Miles to/from (if driving): _____

Travel schedule outbound: _____

Travel schedule returning: _____

Link to conference/event (or attach brochure): _____

Meals: For each day of the event, mark the meals as included with event (I) or separate (S):

Day	Breakfast \$15	Lunch \$20	Dinner \$35
Day 1: _____	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S
Day 2: _____	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S
Day 3: _____	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S
Day 4: _____	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S
Day 5: _____	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> I <input type="checkbox"/> S

Travel and Cost Estimate:

Cost of Event Attendance: _____

Estimated Travel: _____

Estimated Lodging: _____

Meals (according to schedule on pg 1): _____

Total Estimated Cost: _____

Attachments:

- Event brochure
- Event schedule
- Hotel cost estimate
- Map with distance
- Other travel info

I agree to these requirements/restrictions:

- Receipts are required to be turned in within 1 week of the event.
- Alcohol can not be purchased on the same receipt with your Township paid meals.
Ask your server to put any alcoholic drinks on a separate tab to be paid by the employee.
- Server tips are to be calculated at 20%.
- Provide a sales tax exemption to the hotel to get the tax removed before payment.

Signature (applicant):

Approval:

Department Head

Township Purchasing Agent

Supervisor

After Department Head/Township approval, proceed with making arrangements to attend. Provide a signed copy of this approval to the Finance office with your receipts and reimbursement request.