

**TRAINING AUTHORIZATION REQUEST**

Please type or print clearly.

**Date of Request:****1. Name of Attendee:****Title:****2. Employee Status:**  Permanent  Temp Service **Supervisor:****3. Name/Description of Training:**

\* Please attach program brochure or similar documentation outlining objective, agenda, costs, etc.

**4. Location:****Date(s):**

**5. Comprehensive Cost:** Registration: \$  N/A Transportation: \$  N/A  
 Lodging: \$  N/A Meals: \$  N/A  
 Miscellaneous (*be specific*): \$  N/A  
**TOTAL: \$**

*Please refer to the Binghamton University Travel Dept. website for current reimbursement rates and policies.***6. Training Justification:** Have you attended similar training in the past?  Yes  No **Required** to maintain current certification or job qualifications Job skill enhancement - Explanation:**7. Supervisor:** Is training held during the employee's normal work shift?  Yes  No

If yes, how will the employee's absence be covered?

**Signature:****Date:****9. Director:****Date:***Signature***Training Authorized:**  Yes  No**Funding:**  Training Budget  Utility Budget  Other Funding Source**Comments:***JoAnn J. Navarro, Vice President for Operations**Date*

\_\_\_\_ Post attendance/attendee calendars

\_\_\_\_ Verify cost estimates

\_\_\_\_ Complete R&amp;A and submit to Business Office

\_\_\_\_ Register for event

\_\_\_\_ Reserve lodging

\_\_\_\_ Arrange transportation

\_\_\_\_ Complete travel expense report, mileage

statement, & rental calculator, and submit payable  
ready documents to Business Office within 30 days\_\_\_\_ Prepare expense reconciliation and submit with  
original TAR and copies of R&A, expense report,