

## DIVISION OF FACILITIES TRAINING & DEVELOPMENT REQUEST

Send to: Facilities Training, 116 Dykstra Hall

Program Title \_\_\_\_\_ Date(s) \_\_\_\_\_

Location of Training \_\_\_\_\_ Fees (if any) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ WOOO # \_\_\_\_\_

eID \_\_\_\_\_ Account#/SW00/Funding source \_\_\_\_\_

Has registration been submitted by you?\*\*\* \_\_\_\_\_ yes \_\_\_\_\_ no, but a completed form is attached

Mode of transportation \_\_\_\_\_

If state car is required, indicate the vehicle size, date, and time you will need to pick up and return the vehicle.

\_\_\_\_\_ Designated Driver \_\_\_\_\_

Hotel required? \_\_\_\_\_ yes \_\_\_\_\_ no Have reservations been made? \_\_\_\_\_ yes \_\_\_\_\_ no

Are meals included? \_\_\_\_\_ yes (indicate which ones below) \_\_\_\_\_ no

Example: 3 Breakfasts(dates), 1 Dinner (date)

\_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Supervisor Approval and Date

\_\_\_\_\_  
Director Approval and Date

\*\*\* A copy of the agenda and completed registration form must be included with this form.

Please remember that when traveling for the State of Kansas, and reimbursement for travel is expected, detailed (original) receipts must be presented to Linda Arbuthnot for processing.

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For Training Office Use Only:

Registration Complete       Hotel Complete       Transportation Arranged       Payment Processed

T.R.#: \_\_\_\_\_

P.O.#: \_\_\_\_\_