

JUSTIFICATION FOR PROFESSIONAL TRAINING AND TRAVEL

Submit to Budget Office at least 30 days prior to dates of requested programs.

Department: _____

Date: _____

Names of Person(s) & Position Title(s) to Attend:

Name of Program to Attend: _____

Source of Funding

Dates: _____

Are Funds Budgeted ____ Y ____ N

Account Number Where Funds Budgeted _____

Location: _____

Amount Budgeted \$ _____

Current Budget Balance \$ _____

Are Grant Funds being utilized? _____

Cost of Attending:

Registration _____

Travel _____

Lodging _____

Meals _____

Other _____

Total _____

If you are willing to personally contribute part of the cost of this training, including travel and accommodations, what is the dollar amount? \$ _____

List three benefits to department gained by attending: Provide justification for more than one attendee.

1.

2.

3.

If program has been attended in the past, give dates and list benefits other than those above gained:

If attendance is mandated by the State or Federal Government, please provide the source of the mandate.

Approved: _____, Department Head

Date: _____

Budget Review: _____

Date: _____

Approved: _____, County Administrator

Date: _____