

WIC LOCAL AGENCY TRAINING AND TRAVEL REQUEST

Date: _____ Date Approval Needed: _____

Local Agency Name: _____ Phone: _____

L/A Manager Approving Travel: _____ Signature: _____

Training Information (NOTE: *Please attach training flyer or description*)

Name of Training: _____ Date(s) of Training: _____

Location of Training: _____

Reason for Training: _____

Request that the Following Staff Attend Training

Name/Position Title

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Category	Number of Attendees	Cost Per Person	Total for Attendees
Registration		\$	\$
Lodging *		\$	\$
Per Diem		\$	\$
Airline		\$	\$
Vehicle Rental	(# of Days)		\$
Personal Vehicle Mileage @ Current Rate	(# of Miles)		\$
Other (Please Specify)		\$	\$
* Attach Excess Lodging Rate Request Form if needed		TOTAL COST	\$

Considerations for Training Planning

- Are there adequate funds in the appropriate line of your current Fiscal Year WIC budget for this training?
 Yes No
- Is this training included in your NSP training plan for the current fiscal year?
 Yes No

STATE USE ONLY
 Request Approved Request Not Approved Comments:

Contract Manager Signature_____
Date
 Request Approved Request Not Approved Comments:

Section Chief Signature_____
Date