

WIC LOCAL AGENCY OUT-OF-STATE TRAVEL REQUEST

Date: _____
 Local Agency Name: _____
 L/A Manager Approving Travel: _____

Date Approval Needed: _____
 Phone: _____
 Signature: _____

Training Information (NOTE: *Attach training flyer or description*)

Name of Training/Conference: _____
 Date(s) of event: _____
 Travel Date(s): _____
 Location: _____

Purpose for attending: Please provide justification of why this trip is a benefit to the staff attending and the WIC Program; note if this is a function required by the contract and/or job-required training necessary to maintain credentials or similar standards required for holding a position. Attach additional sheets if necessary: _____

Request that the Following Staff Attend: Name and Position Title

1.	5.
2.	6.
3.	7.
4.	8.

Category	No. of Attendees	Cost Per Person	Total for Attendees
Registration		\$	\$
Lodging *		\$	\$
Per Diem		\$	\$
Airline		\$	\$
Vehicle Rental # of Vehicles	# of Days		\$
Personal Vehicle Mileage @ Current Rate	# of Miles		\$
Other (Please Specify)		\$	\$
		TOTAL COST	\$

* Attach Excess Lodging Rate Request Form if needed

Considerations

1. Are there adequate funds in the appropriate line of your current Fiscal Year WIC budget for this travel?
 Yes No
2. Is this training/conference included in your NSP training plan for the current fiscal year? Yes No
3. Are Continuing Education Units (CEU) being earned? Yes No
4. Are any of the WIC local agency staff presenting at the training/conference as a representative of the State of California, or will be using State data? Yes, please submit approval request No

STATE USE ONLY

<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved _____ Contract Manager Signature / Date	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved _____ Nutrition Consultant Signature / Date
<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved _____ Local Operations Section Chief Signature / Date	<input type="checkbox"/> Request Approved <input type="checkbox"/> Request Not Approved _____ Nutrition Standards Section Chief Signature / Date