Training/Conference Request Form

Clear Form

Attendee Process:

1) Complete Attendee Information, Travel Information, and Estimated Cost/Information for Event (**Must** attach event brochure/schedule information or weblink for approval).
2) Submit to Supervisor for Approval; Leadership Team Members: submit to CEO for approval

ATTENDEE INFORMATION

Name:		**Request Date:**	
Job Title:		**Contact Number:**	
License: (if applicable)	Type:	**List of Allergies/Accommodation Needs:** (for off-site events)	
	#:		
Approving Supervisor:		**Emergency Contact Information** (for off-site events) — **Name:**	
Attendee email: (if NOT a LW employee)		**Phone Number:**	
		Email Address:	

EVENT INFORMATION

Type of Event: ☐ Training ☐ Conference/Seminar

Date(s) of the Event you plan to attend:

Event Location: _____ (City/State) **or** ☐ Online

Event Title:

Description of the Event: *Please attach event brochure, schedule information, and registration links to your event request when submitting!*

TRAVEL ACCOMMODATION INFORMATION

(If accommodations are not needed, skip this section. If any information is unknown, follow-up with supervisor for guidance)

Travel Accommodation Needed?
- ◯ Yes – Complete this section.
- ◯ No – Skip this Travel Section, and move on to **Estimated Cost**

Primary Work Location
- ◯ Jackson
- ◯ Hillsdale
- ◯ Other:

☐ **Hotel Accommodations** — Arrival Date: / Depart Date:

☐ **Rental Car** — Pick-up Date: / Drop-off Date:

☐ **Meals provided by event** (which meals and how many are provided by the event) — Breakfast # / Lunch # / Dinner #

☐ **Air Travel** — Date of Birth: / Departure Date: / Return Date:

ESTIMATED COST/INFORMATION FOR EVENT

(Estimates below are for decision making purposes only. Mileage, parking, and toll fees must be submitted for reimbursement using *Employee Travel Reimbursement Form*. Per Diem Meals will be calculated by Executive Coordinator when applicable)

Event Cost/ Registration Fees: (for your attendance)		**Mileage** (Mileage should be calculated from reporting work location to event and return, *not to or from your home.*)	**Tool for Estimating Mileage Cost**	
Parking Fees (if known):			# of Miles to and from event:	**A**
Tolls (if known):			# of days traveling:	**B**
Misc. (explain):		**Mileage Rate 2025:** $ 0.70	Total Est. Miles *(A x B):* 0.00	**C**
			Total Est. Mileage Cost: *(C x Mileage Rate)* $ 0.00	

Total Estimated Travel Cost: (add up all costs in this section) **$ 0.00**

SUPERVISOR SECTION

Supervisor Process (if you need additional lodging and travel information (hotel, rental car, etc.), submit information to travel arranger for Total Estimated Cost of event before signing off)**:**

1) Complete Supervisor Section.
2) Submit this form and copies of brochure information or conference weblink to travel arranger for processing.

Cost Center Line of Coding:	
Supervisor's Decision:	◯ Approve ◯ Deny **Reason for denial** (review with attendee if appropriate)**:**

Supervisor Signature (by signing this form, you acknowledge that you reviewed your departmental budget and attest that you have the funds to cover the cost of this event)**:** _____ Date: _____

CHECKLIST FOR TRAVEL ARRANGER

Travel Arranger Name		**Date Request Received:**	

Description	✓	**N/A**	**Company Name**	**Confirmation Number** (if applicable)	**Date Completed**	**Total Cost**
Event Registration	◯	◯				
Hotel/Lodging	◯	◯				
Credit Card Auth.	◯	◯				
Tax Exemption	◯	◯	US Government			
Airline – Outgoing	◯	◯				
Airline – Return	◯	◯				
Car Rental	◯	◯				
Shuttle - Outgoing	◯	◯				
Shuttle – Return	◯	◯				
Per Diem (must be submitted 2 weeks in advance)	◯	◯	LifeWays – Finance			
Itinerary	◯	◯	LifeWays			
MNJTP Eligible:	◯ **Yes**	◯ **No**		**Total Estimated Event Cost**		*$ 0.00*