

Training Request Form

VFD: _____

Date: _____

Location of Training: _____

Date (s) of Training: _____

Course Name: (Include Course #):

Objective(s) of training:

Names of Personnel Attending:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Estimated Training Costs:

<i>Tuition:</i>	# Personnel	_____	x	Cost of class	_____	=	_____	-	
<i>Lodging:</i>	# Personnel	_____	x	# days	_____	x	Rate	_____ = _____ -	
<i>Meals:</i>	# Personnel	_____	x	# days	_____	x	Rate	_____ = _____ -	
<i>Mileage:</i>	# Vehicles	_____	x	# miles	_____	x	0.50	= _____ -	
Total Estimated Cost:							\$	_____	-