

**Physical Plant  
Off-Site Training & Travel Request**

Travel # \_\_\_\_\_

Initiating Department: \_\_\_\_\_ Request Date: \_\_\_\_\_

Initiating Supervisor: \_\_\_\_\_

Training Requested (Title): \_\_\_\_\_

Location of Training (city, state): \_\_\_\_\_

Date(s) of Travel/Training: \_\_\_\_\_ Time: Start \_\_\_\_\_ End \_\_\_\_\_

Employee Name: \_\_\_\_\_ Job Title and Class \_\_\_\_\_

Location in Physical Plant \_\_\_\_\_

Who originally requested this trip? \_\_\_ employee \_\_\_ supervisor \_\_\_ management

Does the supervisor feel compensatory time off is warranted for this trip? \_\_\_ Yes \_\_\_ No (Explain)

Brief description of relation between training needed & employees' job performance.

Is this training available on-site? \_\_\_ Yes \_\_\_ No Account Number: \_\_\_\_\_

How will you travel?

*(The Training Office or your division's secretary will complete information below this line:)*

<u>Cost Factors</u>	<u>Per Employee</u>	<u>Total All Employees</u>
Registration Fee		
Per Diem		
Personal Car (mileage)		
Daily Lodging		
Other:		
<b>GRAND TOTAL</b>		

If approved, please initial and date below:

Training Office \_\_\_\_\_ Date: \_\_\_\_\_ Director's Office: \_\_\_\_\_ Date: \_\_\_\_\_

To IUTC/Poplars \_\_\_\_\_  
\_\_\_ Recommended T&C \_\_\_ Recommended D. Office \_\_\_ More Info Needed \_\_\_ Not Recommended  
\_\_\_ Air \_\_\_ Rental \_\_\_ Limo \_\_\_ Hotel \_\_\_ IU Vehicle \_\_\_ TA \_\_\_ CR II \_\_\_ Itinerary \_\_\_ JR #  
\_\_\_ Phone/Mail Reg. \_\_\_ DTA (Designated Travel Agent)