



To request a training course, please complete the ENTIRE form and submit it to the FAS Training and Development Manager. Attach any vendor literature and registration forms. When attaching vendor registration forms, please be sure to complete your personal information and leave billing/payment information blank.

<b>REQUESTOR</b>	Name _____			
	Phone	x _____	Fax	x _____
	Email _____		_____@american.edu	
	Signature _____		Date _____	

<b>REQUEST TYPE</b>	Training <input type="checkbox"/>	Membership <input type="checkbox"/>	Identified on IDP <input type="checkbox"/> yes <input type="checkbox"/> no	<b>If a Membership Request, skip to Vendor section</b>
	Cost \$ _____			

<b>COURSE</b>	Course Title _____			
	Date(s) _____		Time(s) _____	
	Course Number _____	Course Cost \$ _____	Book Cost (required only) \$ _____	

<b>VENDOR</b>	Name _____			
	Address _____			
	City _____	State _____	Zip _____	
	Phone _____	Fax _____		

<b>TRAINING LOCATION</b>	<b>If a Membership Request, skip to Funding section</b>			
	City _____		State _____	
	<input type="checkbox"/> Estimated travel cost worksheet attached			

<b>FUNDING</b>	Charge Expenses To <input type="checkbox"/> FAS Training Budget <input type="checkbox"/> Operating Account _____
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<b>SUPERVISOR APPROVAL</b>	This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (please attach rationale for disapproval)	
	Supervisor Signature _____	Date _____

<b>TRAINING APPROVAL</b>	This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (please attach rationale for disapproval)	
	Training Manager Signature _____	Date _____

<b>FOR OFFICE USE ONLY</b>	Processed Date: _____	Requisition Number: _____
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**FACILITIES ADMINISTRATION**  
**Training & Development**  
**Phone: (202) 885-2689 Fax: (202) 885-1165**



To request travel reimbursement, please complete the ENTIRE form and attach it to the FAS Training Request. When requesting travel reimbursement to attend a training opportunity, be sure it meets the requirements outlined in the FAS Travel Policy.

<b>REQUESTOR</b>	Name _____
<b>DESTINATION</b>	City _____ State _____
<b>TRAVEL DATES</b>	Depart _____ Return _____

EXPENSES	Form of Travel	ESTIMATED COST
	<input type="checkbox"/> Airplane	
<input type="checkbox"/> Train	Example: Amtrak	
<input type="checkbox"/> Personal Vehicle	Round trip mileage _____ x 40.5¢	
<input type="checkbox"/> University Vehicle	Fuel Cost	
<b>Lodging</b>	_____ days @ \$_____ per day	
Single Room Rate		
<b>Meals</b>	_____ days @ \$40.00 per day	
<b>Miscellaneous Expenses</b>		
<input type="checkbox"/> Parking		
<input type="checkbox"/> Ground Transportation	Examples: Subway, bus and taxi	
<input type="checkbox"/> Airport Shuttle		
<input type="checkbox"/> Rental Car	See Travel Policy for criteria for requesting a Rental Car	
<input type="checkbox"/> Tolls		
<b>TOTAL ESTIMATED TRAVEL COSTS</b>		<b>\$</b>

<b>REQUESTOR</b>	Signature _____	Date _____
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<b>SUPERVISOR APPROVAL</b>	This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (please attach rationale for disapproval)	
	Signature _____	
	Supervisor Name _____	Date _____

<b>TRAINING MANAGER APPROVAL</b>	This request is <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (please attach rationale for disapproval)	
	Signature _____	Date _____

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