



Truckee Fire Protection District Request for Training or Travel

Date: _____

Name: _____ Shift: _____

Name of Course or Conference: _____

Location of Course or Conference: _____

Date(s) of Course or Conference: _____

Registration

Flyer / Form attached: Yes No Registration Fee \$ _____

Registered: Yes No ***** Registration must be complete prior to submitting for approval*****

Method of payment: Cal Card Personal Check/Credit Card

Check needed for Registration Fees Yes No

Payable to: _____

Address: _____

Phone: (____) _____

Lodging

Do you require lodging: Yes No

If yes indicate dates needed:

Check in: _____

Check out: _____

Meal expenses (for non-overnight travel refer to District Policy):

Breakfast: \$ 7.00 per day @ _____ Days = \$ _____

Lunch: \$11.00 per day @ _____ Days = \$ _____

Dinner: \$23.00 per day @ _____ Days = \$ _____

Incidentals: \$ 5.00 per day @ _____ Days = \$ _____

Total Meal Expenses = \$ _____

Transportation

District Vehicle use: Yes No

District Vehicle Available: Yes No

Personal Vehicle use: Yes No

Reason: _____

(Complete Travel Expense Claim form upon return)

Employee Signature: _____ Entered in Firehouse:

Shift Supervisor Approval: _____

Date: _____

Training Officer Approval: _____

Date: _____

Deputy or Chief Approval: _____

Date: _____