



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: ___ CalCard ___ 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: \$ per day @ _____ Days = \$ _____

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

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

Incidentals: \$ 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: _____