TRAINING / TRAVEL REQUEST FORM

To be submitted for approval of all travel costs occurring outside of the Commonwealth and exceeding $300 or exceeding 300 miles from the grantee’s or applicant’s place of business.

COMPLETE SECTION A, THEN CHOOSE BETWEEN SECTION B OR SECTION C. FORWARD VIA EMAIL TO THE DEP CENTRAL OFFICE, 903 GRANT PROGRAM MANAGER AT LEAST FOUR WEEKS PRIOR TO DEPARTURE.

SECTION A

1. COUNTY: ________________________________

2. COUNTY RECYCLING COORDINATOR (CRC): ________________________________

3. CRC’S EMPLOYER: ________________________________

4. EMPLOYER’S STREET / BOX #: ________________________________

   CITY: ________________________________ ZIP: ________________________________

   EMPLOYER’S TELEPHONE #: (___) ______

SECTION B – Virtual Training Event

(Please see form instructions regarding whether this application is required to qualify for a 903 Grant reimbursement.)

1. DATE(S) OF VIRTUAL TRAINING EVENT: From ________ To: ________

2. PURPOSE: Briefly describe the purpose of the travel/training. Travel/training must relate to a recycling venue to meet requirements for the 903 Grant reimbursement. Attach supporting documentation (agenda, etc.) as appropriate.

SECTION C – Out of State Training Event

(Please see form instructions regarding whether this application is required to qualify for a 903 Grant reimbursement.)

1. DATE(S) OF OUT OF STATE TRAVEL: From: ________ To: ________

2. DESTINATION: From: ________________________________ To: ________________________________

3. APPROXIMATE MILES TO BE TRAVELED (ONE WAY): ____________
4. METHOD OF TRANSPORTATION
   (Check all that apply)
   - Airplane
   - Train
   - County or Personal Vehicle
   - Other (Specify)

5. ESTIMATED COST
   - Transportation / Tolls $__________
   - Conference Fees $__________
   - Lodging $__________
   - Subsistence $__________
   - Other $__________
   - TOTAL $__________

6. PURPOSE: Briefly describe the purpose of the travel/training. Travel/training must relate to a recycling venue to meet requirements for the 903 Grant reimbursement. Attach supporting documentation (brochures, agendas, etc.) as appropriate. Include information regarding meals (subsistence) that will be included in the conference/training fees.

FOR DEP USE ONLY

   - Approved
   - Disapproved

________________________________________
Central Office 903 Grant Program Manager

________________________________________
Date