City of Marlborough

MARLBOROUGH, MA 01752

REQUEST FOR TRAINING/CONFERENCE

Today's Date: _____

Department/Division: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Title of Conference/Seminar: _____

Date: _____ Sponsor: _____

Location: _____

Purpose: _____

_____

_____

Expenses:	Registration	$_____	Materials:	$_____
	Meals	$_____	Lodging:	$_____
	Other	$_____		
			Total Amount Requested:	$_____

Copies of informational brochures must be attached to this form and submitted to the Personnel Dept.

☐ Approved
☐ Denied
☐ To be combined with other training

_____ _____
Personnel Director Date Department Head Date

_____ _____
City Auditor Date Asst. Comm./City Engineer Date

AUDITOR INFORMATION:

VENDOR NO. _____

AMOUNT: _____

ACCOUNT NO. _____

P.O. NO. _____

APPROVED: _____