MARYLAND PARK SERVICE

Out-Service **Out-of-State**
Please circle one

THE FOLLOWING TRAINING/TRAVEL REQUEST IS APPROVED FOR:

Attendee(s)_____

DATE OF TRAINING: _____

LOCATION OF TRAINING: _____

COURSE: _____

HOURS OF TRAINING: _____

APPROPRIATION #: _____

AUTHORIZATION #: _____ (out-of-state only)

FUNDS ARE AVAILABLE FROM: _____

PARK/REGION: _____

AIRFARE $ _____

REGISTRY AND/OR TUITION: $ _____

BOOKS / MATERIALS: $ _____

ROOM / SUBSISTENCE: $ _____

TRAVEL: $ _____

ESTIMATED TOTAL EXPENSE: $ _____

_____
Monica Johnson Date

_____
Kristin Saunders Date

_____
Cindy Dooley Date

_____ (out-of-state only)
Rusty Ruszin Date

_____
Charles Hecker Date

_____
Wayne Wilson Date

_____
Park Manager Date

Revised 07/07