

VABIR
STAFF TRAINING/CONFERENCE ATTENDANCE
REQUEST FORM

Name: _____

Date of Request: _____

Last Training/Conference Attended: _____

Topic: _____

Cost: \$ _____

Your special interests/training needs are: _____

Request to attend: _____

Date: _____

Cost: \$ _____

Briefly describe benefit to you and/or VABIR: _____

Request Approved: () Yes () No

All receipts must be submitted to receive reimbursement for meals, mileage, etc.