

SAMPLE

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Please read instructions on the last page before completing this form.

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING	A. Agency, code agency subelement and submitting office number (Example--xx-xx-xxxx)	01	B. OFFICE USE ONLY
			C. Request status (Mark (X) one)
			Initial or Resubmission

Section A--TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial) * Email address above the name Doe, Jane E.	Enter first 5 letters of last name	03	2. Social Security Number	04	3. Date of birth (Year and month)	05
2. Home address (Number, Street, City, State, Zip code) 12345 Doe Street, Alexandria, VA 11111		5. Home telephone Area Code Number 703 123-4567		6. Position level (Mark (X) one only) <input checked="" type="checkbox"/> a. Non-supervisory <input type="checkbox"/> b. Supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> d. Executive		
7. Organization mailing address (Branch-Division/Office/Bureau/Agency) Headquarters, Training Command, 12345 Training Street, Alexandria, VA 11111		8. Office telephone Area Code Number Extension 703 123-8910 1234		9. Continuous civilian service Years Months 8 2		10. Number of prior non-government training days 12
11a. Position title/function Super Trainer, Instructor	11b. Applicant handicapped or disabled (See instructions) Y	12. Pay Plan/series/grade/step GS/343/13/1		13. Type of appointment Career		14. Education level MS

Section B--TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., Street, City, State, ZIP code) FSI, NFATC, 4000 Arlington, Blvd, Arlington, VA 22204	15b. Location of training site (If same, mark box) <input checked="" type="checkbox"/>
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16. Course title and training objectives (Benefits to be derived by the Government)
Security Overseas Seminar, To become familiar with overseas security measures
* Email address of training office

17. Catalog/Course No. MQ 91/	18. Training period (6 digits) Year Month Day 01 03 28	06	19. No. of course hours (4 digits) a. During duty b. Non-duty c. TOTAL 16	07	20. Training codes (See instructions) a. Purpose b. Type	Code	08 c. Source	Code	10	09 d. Special Interest	11
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AGENCY USE ONLY

US Government Purchase Card Holder's Name, Card Number, and Expiration Date of the Card

Section C--ESTIMATED COSTS AND BILLING INFORMATION			Section D--APPROVALS		
21. Direct costs and appropriation/fund chargeable			26a. Immediate supervisor--Name and title Self Explanatory - Must be completed		
Item	Amount Dollars Cents	Appropriation/fund	Area code/Tel. No./Extension 703-123-5565		
a. Tuition	\$ 380.00		b. Signature		Date 03/12/2001
b. Books or materials	0.00		27a. Second-line supervisor--Name and title Self Explanatory - Optional		
c. Other (Specify)	0.00		b. Signature		Date
d. (Enter 4 digits in dollar column) TOTAL 18			28a. Training Officer--Name and title Self Explanatory-If applicable, must be completed		Area code/Tel. No./Extension 703-123-5565
22. Indirect costs and appropriation/fund chargeable			b. Signature		Date 03/13/2001
Item	Amount Dollars Cents	Appropriation/fund	29a. Authorizing Officer--Name and title Name and Title of Purchase Card Holder or Funds Avail.		
a. Travel	\$		b. Signature		Area code/Tel. No./Extension 703-123-6565
b. Per Diem			Approved		Date 03/13/2001
c. Other (Specify)			Disapproved		
d. (Enter 4 digits in dollar column) TOTAL			Section E--APPROVAL/CONCURRENCE		

23. Document/Purchase Order/Requisition No. Bank Purchase Card Receipt Number / P.O. #	24. 8-Digit station symbol (Example--12-34-5678) Agency locator Code
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25. BILLING INSTRUCTIONS (Furnish invoice to): Billing Address of the Purchase Card (this should be a US Government address not an individual's personal/home address) or Invoice Address	30a. Certifying Official--Name and title	Area code/Tel. No./Extension
	b. Signature	Date

Section F--CERTIFICATION OF TRAINING COMPLETION		
30a. Certifying Official--Name and title		
b. Signature		Date

TRAINING FACILITY Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.