

Southeast Health Group

Training Request

Employee Name _____ **Date of Hire** ____/____/____

I am currently in Good Standing with the agency, with all work current and at standard or above: Yes No

Training Details

Name of Conference/Workshop/Class: _____

Location: _____

Dates: First Day ____/____/____; Last Day ____/____/____

Other training/travel/coverage information: _____

Benefits of this training: _____

Training Expenses

	(a) Estimate	Actual/Final
Registration Fees _____	\$ _____	\$ _____
Flight _____	\$ _____	\$ _____
Hotel _____	\$ _____	\$ _____
Gas Per Diem: _____ (total miles) x .56	\$ _____	\$ _____
Parking/Tolls _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Meals Per Diem (see back; daily amounts below)	\$ _____	\$ _____
_____/_____: \$ _____		
_____/_____: \$ _____		
_____/_____: \$ _____		
TOTALS	\$ <input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>

\$

(a) **Estimate** to be completed by employee for approval purposes. Upon Supervisory/Program Director approval, **Actual/Final** expenses to be completed by staff member making travel arrangements.

I certify the above information is correct. I understand I will be obligated to appropriately 1)attend the training and learn the information; 2)incorporate the information into my present position; 3)share applicable information with others; 4)additional, per supervisor _____

Should I fail to comply with the above obligations, I may be required to reimburse SHG for any funds received.

Employee Signature _____ **Date** ____/____/____

This request is approved (budget account not approved.

_____) /

Supervisor Signature _____

Date ____/____/____

Business Services: Processed ____/____/____ by (initials)_____
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MEALS PER DIEM METHOD

An employee will receive meal per diem, for both in-state and out-of-state travel, based on the current CONUS (Continental United States) schedule. Please see listing below for several Colorado cities. For out-of-state rates—and additional in-state rates—go online at <http://www.gsa.gov/portal/content/104877>

Meal/Expense	Standard	Destination 2	Destination 3	Destination 4	Destination 5	Destination 6
Breakfast	\$13	\$18	\$14	\$ 16	\$ 18	\$ 18
Lunch	\$14	\$19	\$16	\$ 17	\$ 19	\$ 19
Dinner	\$23	\$34	\$26	\$ 28	\$ 34	\$ 34
Incidentals	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5
DAILY TOTALS	\$55	\$76	\$61	\$66	\$ 76	\$ 76

Rates apply to:

- Standard All Colorado locations without a specified area
- Destination 2 Cortez, Crested Butte, Gunnison, Glenwood Springs, Grand Junction
- Destination 3 Fort Collins, Loveland, Montrose, Steamboat Springs, Silverthorne, Breckenridge
- Destination 4 Boulder, Broomfield, Douglas County, Durango
- Destination 5 Colorado Springs, Denver, Aurora
- Destination 6 Aspen, Telluride, Vail

MEALS ACTUAL AMOUNT METHOD

An employee may request to be reimbursed the actual cost of meals when traveling outside of the service area or when with a business associate having a bona fide business purpose. A receipt is required identifying the meal being reimbursed. Should the actual expense be deemed inappropriately high, SHG reserves the right to reimburse at a reasonable amount based on the facts and circumstances.

MILEAGE

An employee authorized to use his/her personal vehicle will be reimbursed at the current IRS rate. The employee may also request reimbursement for any parking and tolls incurred. See the SHG Travel Protocol for additional details.

MISC

SHG may reimburse an employee for other work-related expenses deemed ordinary, necessary, and reasonable.

FOR MORE INFORMATION

For information contact Human Resources or Business Services.