



COUNTY OF DANE

Conference/Training & Education Request

Employee requests are to be submitted to their Department Head for approval
 Non-Elected Department Head requests are to be submitted to the County Executive for approval
 Board & Committee members' requests are to be submitted to the County Board Chair for approval

TO BE COMPLETED BY ATTENDEE	NAME OF ATTENDANT	BOARD/COMMITTEE/COMMISSION/DEPARTMENT	PHONE
	NAME OF CONFERENCE/TRAINING, SPONSOR (Attach copy of Agenda)		
	LOCATION		
	DATES OF CONFERENCE/TRAINING: From: _____ Through _____		# OF WORK DAYS
	ESTIMATED COST INFORMATION		
	1. TRAVEL ___ Auto ___ Air ___ Other (specify) _____ <small>NOTE: If two or more persons are making the same trip, travel shall be in the least number of vehicles.</small>		\$
	2. LODGING		
	3. MEALS		
	4. REGISTRATION FEES		
	5. PER DIEM		
6. OTHER (specify)			
TOTAL ESTIMATED COSTS		\$	
BRIEFLY OUTLINE OBJECTIVES TO BE ACCOMPLISHED BY CONFERENCE ATTENDANCE			
I hereby request approval to attend the above described conference.			
ATTENDANT'S SIGNATURE <small>Learn how to create a digital signature: http://dcinet/training/signature.htm</small>		DATE	

APPROVALS

DEPARTMENT HEAD'S SIGNATURE	DATE
<i>Shawn Tessmann</i>	
COUNTY EXECUTIVE'S SIGNATURE (REQUIRED FOR NON-ELECTED DEPARTMENT HEADS ONLY)	DATE

Attach one copy of this form with any payment requests submitted to the Controller's Office related to this conference request.

Account to be Charged:	ORG:	OBJECT:
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