| | A. Agency, code agency subelement and submitting office number 01 B. OFFICE USE ONLY | | | | | | | | | | | | | | | | | | |
|--------------------------------------|--|------------------|-------------|---------|--------------|---------------|---------------------|-------------------|-------------|----------|-------------------------|-------------|---------|-------------|----------------------|------------|-------------------------------|----------|----------|
| | T, AUTHOR CERTIFICA | | | | | | Γ | | (Exan | npie | le - xx-xx-xxxx) | | | C. Reque | st status <i>(Ma</i> | ark (X) | one) | | 02 |
| AND | CERTIFICA | ATION | N OI | - I. | KAINING | , | | ı | | | | | | Initial | | | Correct | | |
| | | | | | Se | ction | A - TR | AIN | EE INF | OF | RMATION | | | Resu | bmission | | Cancel | lation | - |
| 1. Applicant's name (Last- | First-Middle Initial) | | | | | Ente 5 let | er first ters of | 03 | | | curity Number | | 04 | 3. Date of | f Birth <i>(Year</i> | and m | onth) | | 05 |
| | | | | | | last | name L | | | | | ' | | | | Ì | Example-lanuary 14 hown as | 1, 1943 | } |
| 4. Home address (Number | r, street, city, State, | ZIP cod | de) | | | | | | 5. Home | tele | ephone | | | 6. Positio | n level (Mark | | | | |
| | | | | | | | | | Area cod | е | | | | a. No | n-supervisor | у | c. Mana | ager | |
| | | | | | | | | | | | | | | | pervisory | | d. Exec | | |
| 7. Organization mailing ad | ldress (Branch-Divis | sion/Offic | ce/Bur | eau/A | gency) | | | - | 8. Office | Tel | lephone | | -+ | service | | \dashv | Number non-go | vemme | |
| | | | | | | | | | Area cod | e | Number | Extension | ' - | Years | Months | _ | training | days | |
| 11 5 | | | | | 11b. Appli | icant h | andi- | Н | 10.0 | | | | | o = | | | | | |
| 11a. Position title/function | | | | | capp | ed or o | disabled ctions) | | 12. Pay p | olan | n/series/grade/step | | 1 | 3. Type c | of appointme | nt 14 | . Educati | on leve | 31 |
| | | | | | Sec | tion | B - TR | AINI | NG CO | UR | RSE DATA | | | | | | | | — |
| 15a. Name and mailing ad | ddress of training ve | endor (No | lo stre | et. cit | | | | | | | on of training site (II | same. ma | rk box) | | | ▶ T | | | |
| | | | ., | , | , ,, | , | | | | | | | , | | | · ∟ | | | |
| | | | | | | | | | | | | | | | | | | | |
| 16. Course title and trainir | ng objectives (Bene | fits to be | e deriv | ed by | the Govern | nent) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perio | , , , | | 06 | 19. No. of 0 | course | hours (4 | digits | 9) 07 | 20 | 0. Training codes (| See instruc | tions) | | | | | | _ |
| | | Day | a. During d | | | | | | Code | - | | | | Code | | | | | |
| | a. Start | + | | | b. Non-duty | у | | - | | \vdash | . Purpose | | | + • • • | . Source | | | | 10 |
| | b. Complete | | | | c. TOTAL | | | > | | b. | . Type | | | 09 d | I. Special int | erest | | | 11 |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| ➤ Section C - ES | TIMATED COS | STS AN | ND B | 11 1 1 | NG INFOR | RMA | TION | ■ | <u> </u> | | | Section | η D - Δ | PPRO\ | /ALS | | | | _ |
| 21. Direct costs and appro | | | .,, | | 110 1111 01 | XIVI/X | | Ì | • | nedi | liate Supervisor - Na | | | | Area code/Te | l No / | Extension | <u> </u> | |
| Item | Amou | | | | | | | | | | | | - | | | | | | |
| | Dollars | Ce | ents | | Appropria | ition/fu | ınd | | | | | | | | | | | | |
| a. Tuition | \$ | | | | | | | | b. Signat | ure | 9 | | | | | | Date | | |
| b. Books or materials | | | | | | | | L | | | | | | | | | | | |
| c. Other (Specify) | | | | | | | | | 27a. Sec | ono | d-line Supervisor - I | Name and | itle | A | Area code/Te | el. No./ | Extension | 1 | |
| | | | | | | | | | | | | | | | | | | | |
| d. (Enter 4 digits in dollar column) | 12 | | | | | | | | | | | | | | | | | | |
| TOTAL | т | | | | | | | | b. Signat | ure | 9 | | | | | | Date | | |
| 22. Indirect costs and app | | | | | | | | \dashv | | | | | | | | | | | |
| Item | Amou | | | | Appropria | tion/fu | ınd | | 28a. Traii | ning | g Officer - Name ar | nd title | | | Area code/Te | el. No./ | Extensior | 1 | |
| a. Travel | Dollars | Ce | ents | | | | | | | | | | | | | | | | |
| b. Per diem | — | | | | | | | ŀ | b. Signat | ure | <u>,</u> | | | | | | Date | | |
| c. Other (Specify) | | | | | | | | | b. Oignat | uic | • | | | | | | Dute | | |
| (2,722,7, | | | | | | | | ı | > | | Section | E - APF | ROV | AL/CON | ICURRE | ICE | ı | | - |
| d. (Enter 4 digits in | 13 | | | | | | | Ī | 29a. Auth | hori | rizing official - Name | and title | | A | Area code/Te | el. No./ | Extension | 1 | |
| dollar column) TOTAL | ▶ \$ | | | | | | | | | | | | | | | | | | |
| 23. Document/Purchase 0 | Order/Requisition No |) . | | | | | | | | | | | | | | | | | |
| | | | | | | | | | b. Signat | ure | • | | | | Approve | d | Date | | |
| 24. 8-Digit station symbol | | | | | | | | Ļ | | | | | | | Disappro | | | | |
| (Example - 12-34-567 | , | <u>→ </u> | | | | | | _ | <u> </u> | | Section F - CEF | | TION (| | | | | | |
| 25. BILLING INSTRUCTION | NS (Furnish invoice | e to) : | | | | | | | 30a. Cert | tifyii | ing official - Name a | ind title | | ^ | Area code/Te | el. No./ | Extension | 1 | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | - } | h 0: ' | | | | | | | | Data | | |
| | | | | | | | | b. Signature Date | | | | | | | | | | | |
| TRAINING FACIL | ITV Bills she | auld b | 0.00 | 1 to | office ind | iooto | d in its | <u></u> | E Dia | | o rofor to num | hor aire | n in it | om 22 t | | nron | <u> </u> | mort | |

| | A. Agency, code agency subelement and submitting office number 01 B. OFFICE USE ONLY | | | | | | | | | | | | | | | | | |
|---|--|------------|-------------|---------|-------------------------|--|-------------------|---|--------|-------------------------|--------------|------------|-----------------------|------------------------|----------|-----------------------------------|--------------------|----------|
| | T, AUTHOR | | | - | | | | (Exan | nple | le - xx-xx-xxxx) | · | - | C. Reques | t status <i>(Mai</i> | rk (X) c | one) | | 02 |
| AND | CERTIFICA | VI IOI | N OI | - 16 | KAINING | , | | | | | | | Initial | | | Correcti | | |
| | | | | | Sec | ction A - TF | RAIN | IEE INF | OF | RMATION | | | Resuc | mission | | Cancell | ation | - ◀ |
| Applicant's name (Last- | First-Middle Initial) | | | | | Enter first 5 letters of last name | 03 | | _ | ecurity Number | | 04 | 3. Date of | Birth <i>(Year a</i> | | , | | 05 |
| | | | | | | | | | | | | | | | Ĵа | xample-b nuary 14 nown as 4 | 1, 1943 | : |
| 4. Home address (Number | r, street, city, State, | ZIP cod | de) | | | I | | 5. Home | tele | ephone | | | 6. Position | level (Mark | | | 1 3/01) | |
| | | | | | | | | Area cod | е | | | | a. Nor | n-supervisory | , | c. Mana | ager | |
| | | | | | | | | | | | | | | pervisory | Ш | d. Exec | | |
| 7. Organization mailing ac | dress (Branch-Divis | ion/Offic | ce/Bur | eau/A | gency) | | | 8. Office | Tel | lephone | | | 9. Continu service | ous civilian | 10. | Number non-gov | /emime | |
| | | | | | | | | Area cod | e | Number | Extension | ' ├ | Years | Months | 4 | training | days | |
| 44 - Danisian Milaton Alian | | | | | 11b. Appli | cant handi- | Н | 40 P | | | | - | 0 T | | | F-140 | 1 | |
| 11a. Position title/function | | | | | cappe | ed or disabled instructions) | | 12. Pay p | olan | n/series/grade/step | | | 3. Type of | fappointmer | 11 14. | . Education | on leve | *1 |
| > | | | | | Sec | tion B - TR | AIN | ING CO | UR | RSE DATA | | | | | - | | | - |
| 15a. Name and mailing ad | Idress of training ve | ndor (N | lo., stre | et, cit | y, State, ZIP | code) | | 15b. Loca | atio | on of training site (If | same, mar | k box) | | | • | | | |
| | | | | | | | | | | | | | | | | • | | |
| | | | | | | | | | | | | | | | | | | |
| 16. Course title and trainir | ng objectives (Bener | fits to be | e deriv | ed by | the Governm | nent) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | l | | | 100 | | | | | Γ. | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perio | d (6 digi | | 06 | | course hours (4 | digit | s) 07 | 21 | 20. Training codes (| See instruc | | | | | I | | _ |
| | - 01-4 | Day | a. During d | | | | Dominion | ŀ | Code | | 0 | | | Code | | | | |
| | a. Start b. Complete | | | | b. Non-duty c. TOTAL | / | • | | - | a. Purpose o. Type | | | | Source Special inte | root | | | 10 |
| AGENCY USE ONLY | b. Complete | <u> </u> | | | C. TOTAL | | | | D. | . туре | | | 09 d. | Special lifte | 1621 | | | 11 |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| ► Section C - ES | TIMATED COS | TS AN | ND B | ILLI | NG INFOR | RMATION | ◀ | > | | | Section | D - A | PPROV | ALS | | | | - |
| 21. Direct costs and appro | priation/fund charg | eable | | | | | | 26a. Imm | nedi | liate Supervisor - Na | ame and titl | е | А | rea code/Tel | l. No./E | Extension | 1 | |
| Item | Amou | ınt | | | Appropria | tion/fund | | | | | | | | | | | | |
| | Dollars | Ce | ents | | дриории | uoiniunu | | | | | | | | | | | | |
| a. Tuition | \$ | | _ | | | | | b. Signat | ure | Э | | | | | | Date | | |
| b. Books or materials | | | _ | | | | | | | | | | | | | | | |
| c. Other (Specify) | | | | | | | | 27a. Second-line Supervisor - Name and title Area code/Tel. No./Extension | | | | | | | | | 1 | |
| d (Fatan 4 dinita in | 12 | _ | \dashv | | | | | | | | | | | | | | | |
| d. (Enter 4 digits in dollar column) TOTAL | | | | | | | | b. Signature | | | | | | | | Date | | |
| 22. Indirect costs and app | ı' | rgeable | | | | | | b. Oignat | uic | | | | | | | Date | | |
| Item | Amou | | | | | | | 28a. Trai | nin | ıg Officer - Name ar | nd title | | А | rea code/Tel | l. No./E | Extension | 1 | |
| | Dollars | Ce | ents | | Appropria | tion/fund | | | | | | | | | | | | |
| a. Travel | \$ | | | | | | | | | | | | | | | | | |
| b. Per diem | | | _ | | | | | b. Signat | ure | е | | | | | | Date | | |
| c. Other (Specify) | | | | | | | | | | | | | | 01100511 | | | | |
| | 140 | _ | \dashv | | | | | > | | | | ROVA | | CURREN | | | | |
| d. (Enter 4 digits in dollar column) TOTAL | 13 ▶ s | | | | | | | 29a. Auth | hori | rizing official - Name | and title | | A | rea code/Tel | l. No./E | Extension | 1 | |
| 23. Document/Purchase (| <u> </u> | | | | | | | | | | | | | | | | | |
| 20. Documental dichase C | orden/requisition re | ,. | | | | | | b. Signat | ure | 2 | | | | Approved | | Date | | |
| 24. 8-Digit station symbol | | | | | | | | · · · · · · · · · · · · · · · · · | | | | | | Disapprov | | | | |
| (Example - 12-34-567 | 8) | → | | | | | | > | S | Section F - CEF | RTIFICAT | TION (| OF TRA | | | ETION | L | _ ∢ |
| 25. BILLING INSTRUCTION | | to): | | | | | | 30a. Cert | tifyii | ing official - Name a | ind title | | А | rea code/Tel | l. No./E | Extension | 1 | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | b. Signature Date | | | | | | | | | | | |
| | | | | | | | | | | o refer to num | | | | | | | | |

| | | | | | and submitting office number 01 | | | | | | USE ONLY | | | | | | |
|---|-------------------------|----------------|----------|---------|---------------------------------|--------------------------------|----------------|-----------|---------------------------|-------------|-------------|-----------------------|----------------------|-----------------------|-----------|-----|--|
| | T, AUTHOR CERTIFICA | | | | | | | (Exam | ole - xx-xx-xxxx) | 1 | | C. Reques | t status (Mark (| K) one) | | 02 | |
| AND | CERTIFICA | IIION | v Or | - IF | KAINING |) | | | | | | Initial o | or mission | Correc | | | |
| > | | | | | Sec | ction A - TRA | INEE | INFO | RMATION | | | Resub | IIIISSIOII | Cance | llation | - ◀ | |
| 1. Applicant's name (Last- | First-Middle Initial) | | | | | Enter first 5 letters of 03 | 2. 9 | Social S | ecurity Number | | 04 | 3. Date of | Birth (Year and | month) | | 05 | |
| | | | | | | last name | 4 | | | | | | | (Example- | born | | |
| | | | | | | | | | | | | | | January 1 shown as | 4, 1943 | } | |
| 4. Home address (Number | r, street, city, State, | ZIP cod | de) | | | | 5. I | Home te | elephone T | | | 6. Position | level (Mark (X) | one only) | | | |
| | | | | | | | Are | ea code | | | - | _ | -supervisory | c. Man | | | |
| | | | | | | | + | O#: T | <u> </u> | | | b. Sup 9. Continue | ervisory | d. Exe | | | |
| 7. Organization mailing ad | dress (Branch-Divisi | ion/Offic | ce/Bure | eau/A | gency) | | | ea code | elephone Number | Extension | _ | service Years | Months | non-go training | vernme | ent | |
| | | | | | | | 1 | ea code | Number | LXterision | ' ⊦ | i cais | WOTHERS | | , , | | |
| 11a. Position title/function | | | | | 11b. Applic | cant handi- ed or disabled | 12. | . Pay pla | an/series/grade/step | | 1 | 3. Type of | appointment | 14. Educat | tion leve | el | |
| | | | | | | instructions) | | | | | | • | | | | | |
| > | | | | | Sec | tion B - TRAI | NING | G COU | RSE DATA | | | | | | | - ∢ | |
| 15a. Name and mailing ad | ldress of training ve | ndor <i>(N</i> | o., stre | et, cit | y, State, ZIP | code) | 151 | b. Locat | tion of training site (li | f same, ma | k box) | | —— | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 16. Course title and trainir | ig objectives (Benet | fits to be | e deriv | ed by | the Governm | ent) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perior | d (6 digi | its) | 06 | 19. No. of o | course hours (4 di | gits) | 07 | 20. Training codes (| See instruc | tions) | | | | | | |
| Tr. Satalog/Soules No. | 0, | Year N | | Day | a. During di | uty | Ť | 141 | | | Code | | | | Code | T | |
| | a. Start | | | | b. Non-duty | , | | | a. Purpose | | | 08 c. | Source | | | 10 | |
| | b. Complete | | | | c. TOTAL |) | > | | b. Type | | | 09 d. | Special interes | t | | 11 | |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ► Section C - ES | | | ND B | ILLII | NG INFOR | RMATION | ◆ | | | | | PPROV | | | | | |
| 21. Direct costs and appro | ` | | | | | | $ ^{26}$ | ia. Imme | diate Supervisor - Na | ame and tit | le | Ar | ea code/Tel. N | o./Extensio | n | | |
| Item | Dollars | | nts | | Appropria | tion/fund | | | | | | | | | | | |
| a. Tuition | \$ | 1 | | | | | b. : | Signatu | re | | | | | Date | | | |
| b. Books or materials | | | | | | | | | | | | | | | | | |
| c. Other (Specify) | | | | | | | 27 | a. Seco | nd-line Supervisor - I | Name and t | itle | Ar | ea code/Tel. N | o./Extensio | n | | |
| | | | | | | | | | | | | | | | | | |
| d. (Enter 4 digits in dollar column) | 12 | | | | | | \vdash | | | | | | | | | | |
| TOTAL | I' | | | | | | b. : | Signatu | re | | | | | Date | | | |
| 22. Indirect costs and app | ropriation/fund char | | | | | | 100 | 10 T== | ing Officer Name | nd title | | Π, | rea code/Tel. N | | n | | |
| Item | Dollars | - | nts | | Appropria | tion/fund | 201 | a. ITalli | ing Officer - Name ar | ia iiie | | A | ea code/Tel. N | J./EXIENSIO | n | | |
| a. Travel | \$ | - - | | | | | 1 | | | | | | | | | | |
| b. Per diem | | | | | | | b. : | Signatu | re | | | | | Date | | | |
| c. Other (Specify) | | | | | | | | | | | | | | | | | |
| | | | _ | | | | > | | Section | E - APF | ROV | AL/CON | CURRENC | = | | - ◀ | |
| d. (Enter 4 digits in dollar column) | 13 | | | | | | 29 | a. Auth | orizing official - Name | and title | | Ar | ea code/Tel. N | o./Extensio | n | | |
| TOTAL | I' | | | | | | 4 | | | | | | | | | | |
| 23. Document/Purchase 0 | Order/Requisition No |). | | | | | - | | | | | | Ι | 1 | | | |
| 24 8 Digit station sumb-1 | | | | | | | d b. 3 | Signatu | re | | | \vdash | Approved | Date | | | |
| 24. 8-Digit station symbol (Example - 12-34-567) | 8) | → | | | | | ┢ | | Section F - CEF | RTIFICA | TION | OF TRAI | Disapproved NING COM | PLETIO | N | | |
| 25. BILLING INSTRUCTIO | | to): | | | | | 30 | | ying official - Name a | | | | ea code/Tel. N | | | | |
| | , | , | | | | | | | | | | " | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | b. 3 | Signatu | re | | | | | Date | | | |
| | | | | | | | | | | | | | | | | | |
| TRAINING FACIL | ITY Bills sho | ould be | e ser | nt to | office indi | icated in item | 25. | Plea | se refer to num | ber give | n in it | em 23 to | assure pro | mpt pay | /ment | | |

| | | | | | A. Agency, code agency subelement and submitting office number B. OFFICE USE ONLY | | | | | | | | | | | | |
|-----------------------------------|-------------------------|------------|----------|---------------------|--|---|----------|-----------------|---------------|----------------------|-------------|---------------|--------------|---------------------------------------|---------------------------------|---------------------------------|----------|
| | ST, AUTHOR CERTIFICA | | | | | | | (Exan | npie - | - xx-xx-xxxx) | | | C. Reques | t status (Mark | (X) one) | | 02 |
| AND | CERTIFICA | XIIO | N O | r 16 | KAINING | , | | | | | | | Initial | | | ction or | |
| > | | | | | Sec | ction A - T | TRAIN | NEE INFO | ORI | MATION | | | Resub | mission | Cance | ellation | — |
| 1. Applicant's name <i>(Last-</i> | -First-Middle Initial) | | | | | Enter first 5 letters of last name | 03 | 2. Social | Secu | urity Number | | 04 | 3. Date of | Birth (Year and | d month) | | 05 |
| | | | | | | | | | | | | | | | (Example January shown as | 14, 194 | |
| 4. Home address (Number | r, street, city, State, | ZIP co | ode) | | | | | 5. Home t | telep | hone | | | 6. Position | level (Mark (X | | - 4 3/01) | |
| | | | | | | | | Area code | е | | | | a. Nor | n-supervisory | c. Mai | nager | |
| | | | | | | | | | | | | | | pervisory | | ecutive | |
| 7. Organization mailing ad | Idress (Branch-Divis | sion/Offi | fice/Bur | reau/Ag | gency) | | | 8. Office | 一 | | | \rightarrow | service | ous civilian | | er of prid overnme g days | |
| | | | | | | | | Area code | e N | Number | Extension | ` - | Years | Months | (lallilli | y uays | |
| 11a. Position title/function | ı | | | | | cant handi- ed or disable instructions) | | 12. Pay p | olan/s | series/grade/step | | 1 | 3. Type of | appointment | 14. Educa | tion lev | el |
| | | | | | • | tion B - T | | ING COL | UR: | SF DATA | | | | | | | |
| 15a. Name and mailing ac | ddress of training ve | endor (A | No. stre | eet. cit | | | IXAII | 1 | | of training site (If | same. ma | rk box) | | | | | |
| Tou. Name and maining ac | acces of duming ve | 11001 (1 | 10., 0 | 001, 011 | y, Olulo, Zii | oode) | | 100. 2000 | 20011 | or training one (// | oamo, ma | N DOX) | | , , , , , , , , , , , , , , , , , , , | | | |
| | | | | | | | | | | | | | | | | | |
| 16. Course title and training | ng objectives (Bene | fits to b | be deriv | ed by | the Governm | nent) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perio | _ | _ | 06 | 19. No. of c | course hours | (4 digit | ts) 07 | 20. | . Training codes (| See instruc | tions) | | | | | _ |
| | | Year | Month | Day | a. During di | <u> </u> | | | | _ | | Code | - | | | Code | |
| | a. Start | | | | b. Non-duty | / | | | | Purpose | | | 100 | Source | -+ | | 10 |
| AGENCY USE ONLY | b. Complete | | | | c. TOTAL | | | | D. I | Туре | | | 09 d. | Special intere | st | | 11 |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ► Section C - ES | TIMATED COS | STS A | ND E | BILLII | NG INFOR | RMATION | - ◀ | | | | Section | D - A | PPROV | ALS | | | — |
| 21. Direct costs and appro | priation/fund charg | eable | | | | | | 26a. Imm | ediat | te Supervisor - Na | ame and tit | le | Aı | rea code/Tel. N | lo./Extension | on | |
| Item | Amou | unt | | | Appropria | tion/fund | | | | | | | | | | | |
| | Dollars | C | ents | | | | | | | | | | | | _ | | |
| a. Tuition | \$ | _ | | | | | | b. Signat | ure | | | | | | Date | | |
| b. Books or materials | | + | \dashv | | | | | 270 500 | la /Evtanair | | | | | | | | |
| c. Other (Specify) | | | | | | | | 27a. Sec | ona-ı | line Supervisor - N | vame and | itte | A | rea code/Tel. N | io./Extensio | on | |
| d. (Enter 4 digits in | 12 | | | | | | | | | | | | | | | | |
| dollar column) TOTAL | _ | | | | | | | b. Signat | ure | | | | | | Date | | |
| 22. Indirect costs and app | ropriation/fund cha | rgeable | e . | | | | | | | | | | | | | | |
| Item | Amou | unt | | | Appropria | tion/fund | | 28a. Trair | ning | Officer - Name an | nd title | | Aı | rea code/Tel. N | lo./Extension | on | |
| | Dollars | C | ents | | | | | | | | | | | | | | |
| a. Travel | \$ | _ | | | | | | | | | | | | | | | |
| b. Per diem | | + | \dashv | | | | | b. Signat | ure | | | | | | Date | | |
| c. Other (Specify) | | | | | | | | — | | Section | E - APF | PROVA | AL/CON | CURRENC | E | | _ |
| d. (Enter 4 digits in | | 29a. Auth | norizi | ing official - Name | and title | | Aı | rea code/Tel. N | lo./Extension | on | | | | | | | |
| dollar column) TOTAL | ▶ \$ | | | | | | | | | - | | | | | | | |
| 23. Document/Purchase C | Order/Requisition No |). | | | | | | | | | | | | | | | |
| | | | | | | | | b. Signat | ure | | | | | Approved | Date | | |
| 24. 8-Digit station symbol | | | | | | | | ļ | _ | | | | | Disapproved | | | |
| (Example - 12-34-567) | | <u>→ </u> | | | | | | > | | ection F - CEF | | HON (| | | | | |
| 25. BILLING INSTRUCTION | NS (Fumish invoice | e to) : | | | | | | 30a. Cert | itying | g official - Name a | ind title | | A | rea code/Tel. N | ıo./Extensio | on | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | b. Signat | ure | | | | | | Date | | |
| | | | | | | | | | | | | | | | | | |
| TRAINING FACIL | ITY Bills sho | ould b | oe ser | nt to | office indi | icated in i | item 2 | 25. Ple | ase | refer to num | ber give | n in it | em 23 to | assure pr | ompt pa | yment | t. |

| | | | | | | | A. Agency, code agency subelement and submitting office number O1 B. OFFICE USE ONLY | | | | | | | | | | |
|---|-------------------------|-------------|-----------|----------|--------------|--|--|---------|-------------------------|-------------|------------|-------------|------------------------|-----------|--------------------------------------|---------|----------|
| | T, AUTHOR CERTIFICA | | | | | | (Exai | тріє | le - xx-xx-xxxx) | | | C. Reques | st status <i>(Mark</i> | (X) on | e) | | 02 |
| AND | CERTIFICA | (IIOI | N OI | | CAINING | , | | | | | | Initial | or omission | | Correctior Cancellat | | _ |
| > | | | | | Sec | ction A - TRA | NEE INF | OF | RMATION | | - | Tresur | 7111331011 | | Caricciat | 1011 | - |
| 1. Applicant's name (Last- | -First-Middle Initial) | | | | | Enter first 5 letters of last name | 2. Social | Se | curity Number | | 04 | 3. Date of | Birth (Year an | | ŕ | | 05 |
| | | | | | | | | | | | | | | Jan | ample-boi uary 14, wn as 43, | 1943 | |
| 4. Home address (Number | r, street, city, State, | ZIP cod | de) | | | • | 5. Home | tele | ephone | | | 6. Position | level (Mark (X | | | <i></i> | |
| | | | | | | | Area cod | le | | | Ļ | a. Nor | n-supervisory | , | c. Manag | er | |
| | | | | | | | | | | | | | pervisory | _ | d. Execut | | |
| 7. Organization mailing ad | Idress (Branch-Divis | ion/Offic | ce/Bur | eau/Ag | gency) | | 8. Office | \neg | | . . | | service | ous civilian | n | Number of non-gover raining da | nmer | |
| | | | | | | | Area cod | ie | Number | Extension | ` | Years | Months | · " | idiiiiig de | ,,0 | |
| 11a. Position title/function | ı | | | | | cant handi- ed or disabled instructions) | 12. Pay | plan | n/series/grade/step | | | 13. Type o | f appointment | 14. E | Education | level | ı |
| > | | | | | Sec | tion B - TRAI | NING CO | UF | RSE DATA | | | | | | | | - |
| 15a. Name and mailing ac | ddress of training ve | ndor (N | lo., stre | eet, cit | | | | | on of training site (li | f same, ma | rk box) | | | П | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 16. Course title and training | ng objectives (Benef | fits to be | e deriv | ed by | the Governm | nent) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 47. Ostala a/Osura a Na | 18. Training perio | d (6 dia | (itc) | 06 | 10 No of o | course hours (4 di | gits) 07 | 1 2 | 0. Training codes (| See instruc | tions) | | | | | | |
| 17. Catalog/Course No. | To. Halling peno | | Month | | a. During di | | 1 | 2 | o. Hailing codes (| See msnuc | Code | | | | 1 | Code | Т |
| | a. Start | | | _ | b. Non-duty | • | | a | . Purpose | | Couc | 08 c. | Source | | F | , ouc | 10 |
| | b. Complete | | | | c. TOTAL |) | • | b. | . Type | | | + | . Special intere | est | | | 11 |
| AGENCY USE ONLY | • | | | | | | | | | | | 1 00 | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| ► Section C - ES | TIMATED COS | TS A | ND B | ILLII | NG INFOR | RMATION | () | | | Section | 1 D - A | PPROV | ALS | | | | |
| 21. Direct costs and appro | | | | | | | 26a. Imn | nedi | iate Supervisor - Na | ame and tit | le | A | rea code/Tel. I | No./Ex | tension | | |
| Item | Amou | | 4 . | | Appropria | tion/fund | | | | | | | | | | | |
| a. Tuition | Dollars | - | ents | | | | b. Signat | turo | | | | | | Τ, | Date | | |
| b. Books or materials | Ť | | | | | | D. Olgila | tuic | • | | | | | | Duto | | |
| c. Other (Specify) | | | | | | | 27a. Sec | cond | d-line Supervisor - I | Name and | title | А | rea code/Tel. I | No./Ex | tension | | |
| | | | | | | | | | | | | | | | | | |
| d. (Enter 4 digits in dollar column) | 12 | | | | | | | | | | | | | | | | |
| TOTAL | ▶ \$ | | | | | | b. Signat | ture | • | | | | | l l | Date | | |
| 22. Indirect costs and app | | | _ | | | | l | | | | | Π. | | | | | |
| Item | Amou Dollars | | ents | | Appropria | tion/fund | 28a. Trai | inin | g Officer - Name ar | nd title | | l A | rea code/Tel. I | No./Ex | tension | | |
| a. Travel | s | | ents | | | | ┪ | | | | | | | | | | |
| b. Per diem | · | | | | | | b. Signat | ture | | | | | | | Date | | |
| c. Other (Specify) | | | | | | | | | | | | | | | | | |
| | | > | | Section | E - APF | PROV | AL/CON | CURRENC | E | | | - ◀ | | | | | |
| d. (Enter 4 digits in dollar column) TOTAL | <u>13</u> ▶ \$ | | | | | | 29a. Aut | hori | rizing official - Name | and title | | A | rea code/Tel. I | No./Ex | tension | | |
| 23. Document/Purchase 0 | Order/Requisition No |). | | | | | b. Signa | ture | 3 | | | | Approved | | Date | | |
| 24. 8-Digit station symbol | | | | | | | | | | | | | Disapprove | d | | | |
| (Example - 12-34-567 | 8) | → | | | | | > | S | Section F - CEF | RTIFICA | TION | OF TRA | INING CO | MPLE | TION | | ◀ |
| 25. BILLING INSTRUCTION | ONS (Furnish invoice | to): | | | | | 30a. Cer | tifyi | ing official - Name a | ind title | | A | rea code/Tel. I | No./Ex | tension | | _ |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | <u> </u> | | | | | | | _ | | | |
| | | | | | | | b. Signa | ture | 9 | | | | | 1 | Date | | |
| TRAINING FACIL | ITY Bills sho | ould h | e ser | nt to | office indi | icated in item | item 25. Please refer to number given in item 23 to assure prompt payment. | | | | | | | | | | |
| | 0110 | | | | | | | | | 3 | | • | | - · · · P | , j | | |

| | | | | A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxx) | | | | | | | | | | | | | |
|---|--------------------------|-------------|--------------|--|----------------|--|------------------|-------|-------------------------|----------------|---------|-----------|-------------------|---------------|------------------------|-------------------|--------------|
| | ST, AUTHOR CERTIFICA | | | | | | (Exar | mple | e - xx-xx-xxxx) | | | C. Reque | est status (| (Mark (X) | one) | | 02 |
| AND | CERTIFICA | XIIO | JN U | r 11 | KAINING | 3 | | | | | | Initia | l or ıbmission | | Correct | | |
| > | | | | | Se | ction A - TRAI | NEE INF | OR | RMATION | | | I Nesu | 101111331011 | | Cancer | iation | - ◀ |
| 1. Applicant's name (Last | t-First-Middle Initial) | | | | | Enter first 5 letters of 03 | 2. Social | Sec | curity Number | | 04 | 3. Date o | f Birth (Ye | ar and n | nonth) | | 05 |
| | | | | | | last name | 1 | | | | | | | | Example-l | | |
| | | | | | | | | | | | - | | | | lanuary 14 shown as | 4, 194. 43/01) | , |
| 4. Home address (Number | er, street, city, State, | ZIP co | ode) | | | | 5. Home | т | phone | | | | n level (M | Ť | ne only) c. Mana | | |
| | | | | | | | Area cod | ie | | | H | - | on-supervisory | SOTY | d. Exec | | |
| 7. Organization mailing a | ddress (Branch-Divis | ion/Of | ffice/Bur | reau/A | gency) | | 8. Office | Tele | ephone | | | | uous civilia | an 1 | 0. Numbei | r of prio | |
| | | | | | | | Area cod | le | Number | Extension | | Years | Mont | | non-gov training | | mt |
| | | | | | I | | | | | | | | | | | | |
| 11a. Position title/function | ı | | | | 11b. Appli | cant handi- ed or disabled instructions) | 12. Pay p | plan/ | /series/grade/step | | 1 | 3. Type | of appoint | ment 1 | 4. Educati | ion leve | el |
| > | | | | | · · | tion B - TRAIN | IING CO | IID | SE DATA | | | | | | | | _ |
| 15a. Name and mailing a | ddress of training ve | ndor / | (No. str | net cit | | | | | n of training site (/ | f same ma | rk box) | | | | T | | _ |
| Toa. Name and maining a | udless of training ve | iluoi (| (140., 511 | eei, cii | ly, State, Zir | code) | TSD. LOC | aliui | ii oi tiaiiiiig site (/ | i sairie, iria | ik box) | | | | _ | | |
| | | | | | | | | | | | | | | | | | |
| 16. Course title and traini | ng objectives (Bener | fits to | be deriv | ed by | the Governm | nent) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | _ | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perio | _ | | 06 | 19. No. of 0 | course hours (4 dig | its) 07 | 20 | 0. Training codes (| See instruc | tions) | | | | | _ | _ |
| | | Year | Month | Day | a. During d | - | | ł | _ | | Code | - | | | | Code | |
| | a. Start | | - | | b. Non-duty | <u>′</u> ▶ | | - | Purpose | | | 100 | c. Source | | | - | 10 |
| | b. Complete | | | | c. TOTAL | | | D. | Туре | | | 09 | d. Special | interest | | | 11 |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Section C - F9 | STIMATED COS | TS / | AND F | RII I I | NG INFO | RMATION 4 | | | | Section | ν D - Λ | DDDO | /AI S | | | | |
| 21. Direct costs and appr | | | | | 110 1111 01 | (III)ATTON 4 | + | nedia | ate Supervisor - Na | | | Ť | Area code | /Tel No | /Extension | n | |
| Item | Amou | | | | | | 200: 11111 | icuic | ate capervisor 14 | arric arra ti | | | TICU COUC | 7101.140. | LACTION | | |
| | Dollars | \neg | Cents | | Appropria | tion/fund | | | | | | | | | | | |
| a. Tuition | \$ | | | | | | b. Signat | ture | | | | • | | | Date | | |
| b. Books or materials | | | | | | | | | | | | | | | | | |
| c. Other (Specify) | | | | | | | 27a. Sec | cond | d-line Supervisor - I | Name and | title | | Area code | /Tel. No. | /Extensior | n | |
| | 1 | 4 | | | | | | | | | | | | | | | |
| d. (Enter 4 digits in dollar column) TOTAL | 12 | | | | | | | | | | | | | | 1 | | |
| 22. Indirect costs and app | | racabl | lo. | | | | b. Signat | ture | | | | | | | Date | | |
| Item | Amou | | | | | | 28a Trai | inina | g Officer - Name ar | nd title | | | Area code | /Tel No | /Extension | n | |
| | Dollars | | Cents | | Appropria | tion/fund | -50. 1101 | 19 | , | | | [| | 110. | | | |
| a. Travel | \$ | | | | | | 1 | | | | | | | | | | |
| b. Per diem | | | | | | | b. Signat | ture | | | | | | | Date | | |
| c. Other (Specify) | | | | | | | | | | | | | | | | | |
| | | > | | Section | E - API | PROV | AL/CON | NCURR | ENCE | | | _ ◀ | | | | | |
| d. (Enter 4 digits in dollar column) | 13 | | | | | | 29a. Aut | horiz | zing official - Name | e and title | | / | Area code | /Tel. No. | /Extensior | า | |
| TOTAL | I' | | | | | | - | | | | | | | | | | |
| 23. Document/Purchase | Order/Requisition No |). | | | | | | | | | | | 1 | | Τ., | | |
| 24. 8-Digit station symbol | | Т | | | | | b. Signat | ıure | | | | F | Appro | vea proved | Date | | |
| (Example - 12-34-567 | | → | | | | | | Se | ection F - CEI | RTIFICA | TION (| OF TRA | | | LETION | 1 | - |
| 25. BILLING INSTRUCTION | | e to): | | | | | 30a. Cer | | ng official - Name a | | | | Area code | | | | |
| | , | .,. | | | | | | , | | | | ľ | | | | | |
| | | | | | | | L | | | | | _ | | | | | |
| | | | | | | | b. Signat | ture | | | | | | | Date | | |
| | | | | | | | | | | | | | | | | | |
| TRAINING FACI | LITY Bills sho | ould | be sei | nt to | office ind | icated in item | 25. Ple | ase | e refer to num | ber give | n in it | em 23 | to assui | re pror | npt pay | ment | i. |

| | | | | | | | A. Agency, code agency subelement and submitting office number (Example - xx-xx-xxxx) | | | | | | | | | | |
|---|-------------------------|-----------|-----------|----------|---------------|-----------------------------|---|-------------|--------------------------|-------------|---------|-------------------------------------|-----------------|--------------------------------|-----------|-----|--|
| | T, AUTHOR CERTIFICA | | | | | | C. Request status (Mark (X) of | | | | | | | | | 02 | |
| AND | CERTIFICA | 1110 | IN O | - I | KAINING | , | F | | | | | Initial | or omission | | ction or | | |
| > | | | | | Se | ction A - TRA | INE | E INFO | RMATION | | | Resul | illission [| Canc | ellation | _ | |
| 1. Applicant's name (Last- | First-Middle Initial) | | | | | Enter first 5 letters of 03 | 12 | | Security Number | | 04 | 3. Date of | Birth (Year and | d month) | | 05 | |
| | | | | | | last name | | | | | | | | (Example January shown a | 14, 194 | 3 | |
| 4. Home address (Number | r, street, city, State, | ZIP co | ode) | | | | 5 | 5. Home to | elephone | | | 6. Position | level (Mark (X) | | , | | |
| | | | | | | | A | Area code | | | | a. Nor | n-supervisory | c. Ma | ınager | | |
| | | | | | | | | | | | | b. Sup | ervisory | d. Ex | ecutive | | |
| 7. Organization mailing ad | dress (Branch-Divis | sion/Off | fice/Bur | eau/A | gency) | | 8 | 8. Office T | elephone | | | Continu service | ous civilian | 10. Numb | er of pri | | |
| | | | | | | | A | Area code | Number | Extension | ۱ | Years | Months | trainir | ng days | | |
| | | | | | | | | | | | | | | | | | |
| 11a. Position title/function | | | | | | ed or disabled | 1 | 12. Pay pl | an/series/grade/step | | | 13. Type of | fappointment | 14. Educ | ation lev | el | |
| | | | | | <u> </u> | instructions) | | 10.001 | IDCE DATA | | | | | | | | |
| | | | 7.1t | 4 -4 | | | | | | <i>.</i> | -d- d | | | | | _ | |
| 15a. Name and mailing ac | idress of training ve | endor (/ | NO., Stre | eet, cit | y, State, ZIP | coae) | 1 | 15b. Loca | tion of training site (I | f same, ma | гк рох) | • | - | | | | |
| | | | | | | | | | | | | | | | | | |
| 16. Course title and trainir | ng objectives (Rene | fits to h | he deriv | ed hy | the Governm | nent) | | | | | | | | | | | |
| 10. Oddise title and trainin | ig objectives (Bene | ins to k | oc acm | cu by | ine dovemin | ioni | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 17. Catalog/Course No. | 18. Training perio | od (6 di | igits) | 06 | 19. No. of o | course hours (4 d | igits) | 07 | 20. Training codes (| See instruc | tions) | | | | | | |
| | | Year | Month | Day | a. During d | uty | | | | | Code | | | | Code | е | |
| | a. Start | | | | b. Non-duty | 1 | | | a. Purpose | | | 08 c. | Source | | | 10 | |
| | b. Complete | | | | c. TOTAL | | > | | b. Type | | | 09 d. | Special intere | st | | 11 | |
| AGENCY USE ONLY | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Section C - ES | TIMATED COS | STS A | AND B | BILLI | NG INFOR | RMATION | <u>∢)</u> | <u> </u> | | Section | 1 D - A | PPROV | ALS | | | _ ◀ | |
| 21. Direct costs and appro | priation/fund charg | jeable | | | | | _ 2 | 26a. Imme | ediate Supervisor - N | ame and tit | le | A | rea code/Tel. N | lo./Extens | ion | | |
| Item | Amou | unt | | | Appropria | tion/fund | | | | | | | | | | | |
| | Dollars | C | Cents | | | | + | | | | | | | | | | |
| a. Tuition | \$ | | | | | | l t | b. Signatu | ire | | | | | Date | | | |
| b. Books or materials | | + | | | | | \- | 07- 0 | | NI | | | | I- /F-+ | | | |
| c. Other (Specify) | | | | | | | 1 | Z7a. Seco | ond-line Supervisor - | name and | itte | l A | rea code/Tel. N | io./Extens | ion | | |
| d. (Enter 4 digits in | 12 | | | | | | | | | | | | | | | | |
| dollar column) | — | | | | | | - | b. Signatu | ıre | | | | | Date | | | |
| 22. Indirect costs and app | I' | rgeable | e e | | | | Date | | | | | | | | | | |
| Item | Amou | unt | | | Appropria | tion/fund | 2 | 28a. Train | ing Officer - Name ar | nd title | | A | rea code/Tel. N | lo./Extens | ion | | |
| | Dollars | С | Cents | | Арргоргіа | uon/tuna | | | | | | | | | | | |
| a. Travel | \$ | | | | | | L | | | | | | | | | | |
| b. Per diem | | | | | | | t | b. Signatu | ire | | | | | Date | | | |
| c. Other (Specify) | | | | | | | L | | | | | | | | | | |
| | 140 | | | | | | P | <u> </u> | | | PROV | 1 | CURRENC | | | | |
| d. (Enter 4 digits in dollar column) TOTAL | 13 | | | | | | 2 | 29a. Auth | orizing official - Name | e and title | | A | rea code/Tel. N | lo./Extens | ion | | |
| | I' | | | | | | \dashv | | | | | | | | | | |
| 23. Document/Purchase C | nuer/requisition No | J. | | | | | F | b. Signatu | ıre | | | _ | Approved | Date | | | |
| 24. 8-Digit station symbol | | | | | | | ┨, | ม. อเฐแสโโ | II C | | | \vdash | Disapproved | | | | |
| (Example - 12-34-567) | 8) | → | | | | | 占 | <u> </u> | Section F - CEI | RTIFICA | TION | OF TRA | | | DN . | | |
| 25. BILLING INSTRUCTIO | | e to): | | | | | ╁ | | fying official - Name a | | | | rea code/Tel. N | | | | |
| | , | ,. | | | | | | | , 5 : : :: :::::::::: | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | t | b. Signatu | ıre | | | | | Date | | | | |
| | | | | | | | | | | | | | | | | | |
| TRAINING FACIL | ITY Bills sho | ould l | be ser | nt to | office ind | icated in item | 1 25. | . Plea | se refer to num | ber give | n in it | em 23 to | assure pr | ompt pa | ymen | t. | |

| REQUEST, AUTHORIZATION, AGREEMENT Comparison of TRAINING Comparison of Comparison | | | | | | | | A. Agency, code agency subelement and submitting office number 01 B. OFFICE USE ONLY | | | | | | | | | | |
|--|-------------------------------|------------------------------|------------------|-----------|--------------|---------------|---------------------|--|--------|---------------------------------------|-------------|------------|-------------|-----------------------|--------|-----------|--------|----------|
| Section A - TRAINE EINFORMATION Section B - TRAINE EINFORMATION Sect | | | | | | | | (Exai | mpie | e - xx-xx-xxxx) | | | C. Reques | t status <i>(Mark</i> | (X) o | ne) | | 02 |
| A posturario na diago and inclusion Section 14 | AND | CERTIFICA | ATION | N OI | - 1 - | KAINING | , | | | | | \neg | | | | | | |
| A Invariance Control | > | | | | | Sec | ction A - TRA | NEE INF | OF | RMATION | | | Resul | 1111551011 | ш | Carrella | 111011 | - |
| ## Appropriation | 1. Applicant's name (Last- | -First-Middle Initial) | | | | | Enter first | 2. Social | Sec | curity Number | | 04 | 3. Date of | Birth (Year an | d mo | nth) | | 05 |
| A - Note to end to en | | | | | | | | 4 | | | ļ | | | | (E) | kample-b | om [| |
| According Acco | | | | | | | | | | | | | | | Jai | nuary 14, | 1943 | |
| 1. | 4. Home address (Number | r, street, city, State, | ZIP cod | de) | | | | 5. Home | tele | ephone | | | 6. Position | level (Mark (X | () one | only) | | |
| 2. Cignalization making address: Blanch Division Office Bureau Agency 110. Agritant handle (signer and scaling) (signer and scaling | | | | | | | | Area cod | le | | | ŀ | a. Nor | n-supervisory | | c. Mana | ger | |
| 110. Application handle 12. Pay plantine insignation 13. Note 14. Compose 14. Compose 15. Compose 15 | | | | | | | | | | | | | | | 10 | | | |
| 11 a. Position teachunction | 7. Organization mailing ad | Idress <i>(Branch-Divi</i> s | sion/Offic | ice/Bun | eau/A | gency) | | | \neg | • | <i></i> . | | service | | 4 | non-gov | ernme | |
| Section Sect | | | | | | | | Area cod | ie | Number | Extension | ` ├ | reals | Months | ł | | aujo | |
| See settlemental See settlem | 11a Position title/function | | | | | | | 12 Payı | olan | n/series/grade/sten | | - | 13 Type of | I f annointment | 14 | Educatio | n leve | |
| 15c. Name and making address of training vendor (No., street, Cdy, State, ZP code) 15c. Course little and training objections (Benefits to be deviewed by Ne Government) 17c. Catalog/Course No. | | | | | | | | 1.2, | p.a | "oonoorgiaaorotop | | | . о. туро о | аррошинон | | | | • |
| 16. Course tille and trailing objectives (Benefitz to De demind by the Government) 17. Catalog/Course No. 18. Training period (8 dights) 06 19. No. of course hours (4 dights) 07 20. Training codes (See instructions) Year Month Day 20. Day | > | | | | | Sec | tion B - TRAI | NING CO | UR | RSE DATA | | | | | | | | - |
| 15. Catalog/Course No. 16. Training period (6 digits) 06 19. No. of course hours (4 digits) 07 20. Training codes (See instructional) 19. Cardinal 19. Catalog (Course No.) 19. Cat | 15a. Name and mailing ac | ddress of training ve | endor (N | lo., stre | et, cit | y, State, ZIP | code) | 15b. Loc | atio | on of training site (li | f same, ma | rk box) | į | | | | | |
| 15. Catalog/Course No. 16. Training period (6 digits) 06 19. No. of course hours (4 digits) 07 20. Training codes (See instructional) 19. Cardinal 19. Catalog (Course No.) 19. Cat | | | | | | | | | | | | | | | | | | |
| 15. Catalog/Course No. 16. Training period (6 digits) 06 19. No. of course hours (4 digits) 07 20. Training codes (See instructional) 19. Cardinal 19. Catalog (Course No.) 19. Cat | | | | | | | | | | | | | | | | | | |
| | 16. Course title and training | ng objectives (Bene | fits to be | e deriv | ed by | the Governm | nent) | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | 17. Catalag/Caurag Na | 18 Training perio | nd (6 dia | rite) | 06 | 19 No of c | course hours (4 die | vits) 07 | 20 | Training codes (| See instru | tions) | | | | | | |
| Accidence Acci | 17. Catalog/Course No. | To. Hairing pend | , , , | | | | , , | | - | o. Hailing codes (| See mstrac | <u> </u> | | | | T | Code | \top |
| ACENCY USE ONLY | | a. Start | | | -, | Ť | | | a. | . Purpose | | Couc | na c. | Source | | f | Couc | _ |
| Section C - ESTIMATED COSTS AND BILLING INFORMATION Section D - APPROVALS | | | | | | | | | - | · · · · · · · · · · · · · · · · · · · | | | 1 | | est | | | \neg |
| 21. Direct costs and appropriation/fund charge=ble. Appropriation/fund Appropriation/f | AGENCY USE ONLY | | | | | | | | _ | | | | 1 00 | | | | | |
| 21. Direct costs and appropriation/fund charge=ble. Appropriation/fund Appropriation/f | | | | | | | | | | | | | | | | | | |
| 21. Direct costs and appropriation/fund charge=ble. Appropriation/fund Appropriation/f | | | | | | | | | | | | | | | | | | |
| Amount Dollars Cents | ► Section C - ES | TIMATED COS | STS AN | ND B | ILLII | NG INFOR | RMATION • | () | | | Section | D - A | PPROV | ALS | | | | |
| Apropriation/fund Date D | 21. Direct costs and appro | priation/fund charg | eable | | | | | 26a. Imn | nedi | iate Supervisor - Na | ame and tit | le | A | rea code/Tel. | No./E | xtension | | |
| Description S | Item | | | _ | | Appropria | tion/fund | | | | | | | | | | | |
| b. Books or materials c. Other (Specify) d. (Enter 4 digits in otolum) TOTAL TOTAL | a Tuition | Dollars | Ce | ents | | | | h Ciana | h ma | | | | | | | Data | | |
| C. Other (Specify) d. (Enter 4 digits in other and digits in oth | | - P | + | | | | | b. Signa | lure | ; | | | | | | Date | | |
| d. (Enter 4 digits in oblinin) TOTAL | | | \top | | | | | 27a. Sec | cond | d-line Supervisor - I | Name and | itle | I A | rea code/Tel. | No./E | xtension | | |
| Detail D | | | | | | | | | | | | | | | | | | |
| Signature Date | d. (Enter 4 digits in | 12 | | | | | | | | | | | | | | | | |
| Item | dollar column) TOTAL | ▶ \$ | | | | | | b. Signa | ture | • | | | | | | Date | | |
| Appropriation/fund a. Travel b. Per diem c. Other (Specify) d. (Enter 4 digits in dollar column) TOTAL > \$ 23. Document/Purchase Order/Requisition No. (Example - 12-34-5678) 25. BILLING INSTRUCTIONS (Fumish invoice to): Appropriation/fund b. Signature Date | 22. Indirect costs and app | propriation/fund char | rgeable | | | | | | | | | | | | | | | |
| a. Travel \$ b. Per diem | Item | | - | | | Appropria | tion/fund | 28a. Trai | inin | g Officer - Name ar | nd title | | A | rea code/Tel. | No./E | xtension | | |
| b. Signature b. Signature b. Signature c. Other (Specify) d. (Enter 4 digits in dollar column) | | Dollars | Ce | ents | | | | 4 | | | | | | | | | | |
| C. Other (Specify) d. (Enter 4 digits in dollar column) TOTAL > \$ 29a. Authorizing official - Name and title Disapproved Approved Disapproved | | \$ | + | | | | | | | | | | | | | - · | | |
| Approved Date 24. 8-Digit station symbol (Example - 12-34-5678) 25. BILLING INSTRUCTIONS (Fumish invoice to): Name and title Name and title Section E - APPROVAL/CONCURRENCE | | | + | | | | | b. Signar | ture |) | | | | | | Date | | |
| d. (Enter 4 digits in dollar column) TOTAL 29a. Authorizing official - Name and title 24a. Approved 25b. Signature 25c. BILLING INSTRUCTIONS (Fumish invoice to): 26c. BILLING INSTRUCTIONS (Fumish invoice to) | c. Other (Specify) | | | | | | | | | Section | E - APF | PROV | AL/CON | CURRENC | E | | | — |
| 23. Document/Purchase Order/Requisition No. b. Signature b. Signature b. Section F - CERTIFICATION OF TRAINING COMPLETION 25. BILLING INSTRUCTIONS (Fumish invoice to): b. Signature code/Tel. No./Extension b. Signature code/Tel. No./Extension b. Signature code/Tel. No./Extension | d. (Enter 4 digits in | | 29a. Aut | hori | | | | | | | xtension | | | | | | | |
| b. Signature 24. 8-Digit station symbol (Example - 12-34-5678) ▶ Section F - CERTIFICATION OF TRAINING COMPLETION 25. BILLING INSTRUCTIONS (Fumish invoice to): 30a. Certifying official - Name and title b. Signature Date Date Date | dollar column) | _ | | | | | | | | Ü | | | | | | | | |
| 24. 8-Digit station symbol (Example - 12-34-5678) 25. BILLING INSTRUCTIONS (Fumish invoice to): 30a. Certifying official - Name and title b. Signature Disapproved Area code/Tel. No./Extension Date | 23. Document/Purchase C | Order/Requisition No |). | | | | | | | | | | | | | | | |
| (Example - 12-34-5678) Section F - CERTIFICATION OF TRAINING COMPLETION 30a. Certifying official - Name and title b. Signature Date | | | | | | | | b. Signa | ture | • | | | | Approved | T | Date | | |
| 25. BILLING INSTRUCTIONS (Fumish invoice to): 30a. Certifying official - Name and title b. Signature Date | 24. 8-Digit station symbol | | | | | | | <u> </u> | | | | | | | _ | | | |
| b. Signature Date | (Example - 12-34-567 | 8) | → | | | | | <u> </u> | S | Section F - CEF | RTIFICA | TION | OF TRA | INING CO | MPL | ETION | | _ ◀ |
| | 25. BILLING INSTRUCTION | NS (Fumish invoice | e to) : | | | | | 30a. Cer | tifyii | ing official - Name a | ind title | | A | rea code/Tel. | No./E | xtension | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | h 0: | | | | | | | | D-: | | |
| TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment. | | | | | | | | b. Signat | ture | • | | | | | | ⊔ate | | |
| | TRAINING FACIL | ITY Bills sho | ould be | e ser | nt to | office indi | icated in item | tem 25. Please refer to number given in item 23 to assure prompt payment. | | | | | | | | | | |