

# Training/Travel Expense Reimbursement

Please attach a copy of the agenda, event brochure, original receipts etc. as backup documentation.

\_\_\_\_\_  
County

\_\_\_\_\_  
Federal Tax ID#  
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## Training/Workshop Information

\_\_\_\_\_  
Name of Event

Public Health Program

\_\_\_\_\_  
Date(s) of Event

**List Registrant Names Below** (Must all be using the same PCA. Please use a separate form for each PCA used.)

\_\_\_\_\_  
(Please attach a separate sheet for more names)

\*\*\*\*\*

Index \_\_\_\_\_ PCA \_\_\_\_\_ Agency Object Code: \_\_\_\_\_ Amount \$ \_\_\_\_\_

## APPROVALS

**Manager:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sue Woodbury | Tiare Sanna | Sara Sloan

## For Financial Services Use Only

**Invoice field:** Date(s) of Training

**Description field:**

**Document Number** \_\_\_\_\_ **Document Date** \_\_\_\_\_