



PROFESSIONAL DEVELOPMENT REQUEST FORM

Date of Request: _____

Requests for training must a minimum 10 days in advance, if possible

Requested By (Name):	
Title:	
Purpose (Please attach registration information along with brief description):	
Training Date (s):	

REQUIRED ACCOMODATIONS

To Destination:

Mode of Transportation to Destination	<input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Other: _____ <input type="checkbox"/> Personal Auto: (Estimated Miles: _____)
Lodging Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____ To: _____
Rental Car Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Needed, if applicable _____
Request for 50% Per Diem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Per Diem Rate: \$ _____ Total Per Diem Rate: \$ _____ (75% - First Day/75% - Last Day/ 100% - Days in between) 50% of Per Diem: \$ _____



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I _____ understand that ZaneNet is not obligated to approve the travel request for any individual. If approved, I will be given a per diem for Meals only, based on the current rates posted on www.gsa.gov. If I make travel arrangements on my own prior to proper authorization, I fully understand that ZaneNet is not obligated to reimburse any of my expenses. All requested must be within the \$1000.00 allowance, and if approved in advance. Employee understands that any overages must be paid at their own expense. If the employee leaves ZaneNet within 12 months of training, employee must reimburse ZaneNet for that training. Reimbursements will come out of the final check.

Employee Signature

Date

For Office Use Only:

Approved By:

Printed Name

Signature

Date

Disapproved By:

Printed Name

Signature

Date