

**Department of Public Safety and Correctional Services
TRAVEL/TRAINING REQUEST MEMORANDUM**

To: Office of the Secretary, Travel Coordinator

Date:

Employee/Requestor Name:

Attached please find a completed training/conference attendance request that includes the following completed and required forms for your approval:

- Out-Service Training Request (MS-551)
- Conference/training program brochure, indicating description of the program, learning objectives, event sponsor, date, time, duration, itinerary and location of the program
- Funding Certification
- Out-of-State Travel Request (GADX-3), if necessary

Justification for Request: (Justification must include the reason why this request will be beneficial to both the requestor as an employee and to the Department. Use additional pages, if necessary)

If Out-Service/Out-of-State Travel is NO COST please select payment type below:

____ Employee will pay all expenses (there will be no reimbursement).

____ State will pay expenses initially, but will be reimbursed by host organization after the event (please attach agreement).

____ Host organization will pay all expenses directly (please attach agreement).

____ Other (please explain below and attach agreement).

After your approval, please forward this form and the attached paperwork to the Procurement Office.