

ATTENDEE/STUDENT

GOVERNOR'S OFFICE OF HIGHWAY SAFETY

2005 YOUTH AND YOUNG ADULT HIGHWAY SAFETY LEADERSHIP CONFERENCE

ON-LINE TRAINING – TRAVEL APPLICATION

34 Peachtree Street, Suite 800 - Atlanta, Georgia 30303

Telephone: 404-656-6996 FAX: 404-651-9107

PRESS TAB TO MOVE TO NEXT SECTION

PRESS F1 KEY FOR HELP IN ANY SECTION

APPLICANT:	EVENT: : 2 ND ANNUAL YOUTH/YOUNG ADULT LEADERSHIP CONFERENCE	
TITLE:	EVENT DATES (Use format m/d/yy) From: 10/15/05 To: 10/16/005	
AGENCY:	SPONSORING ORGANIZATION: GOHS/ CALLAWAY GARDENS	
AGENCY ADDRESS:	CITY AND STATE OF EVENT: PINE MOUNTAIN, GA	
CITY AND ZIP CODE OF AGENCY:	AGENCY TEL: : 404-656-6996	AGENCY FAX: 404-651-9107
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
SADD <input type="checkbox"/> BACCUS/GAMMA <input type="checkbox"/>		

I. TRAINING (Please complete this section for training requests.)

TYPE OF TRAINING: (Attach a copy of the agenda, brochure, letter, etc.)
Is this the closest location? <input type="checkbox"/> YES <input type="checkbox"/> NO – If no, why are you requesting this location?
JUSTIFICATION (In the space below, indicate how the training is specifically related to your job and the tasks that you perform. If more space is needed, please attach additional documentation to this form).
<p>Mandatory Statewide conference for SADD and Young Adult Programs funded by the Governor's Office of Highway Safety. Advisor will receive training on programmatic and financial responsibilities. Students will receive Highway Safety and Alcohol Information from peers and educators.</p>

NOTE: Payment for travel (except airfare), lodging, and meals will be based solely on reimbursement. Statewide travel regulations require submission of receipts and documentation. To be allowable, costs must be necessary, reasonable, and allocable. Federal funds must be used in accordance with the appropriate statute and implementing grant regulations. Highway Safety Funding Policy for Field-Administered Grants - U. S. Department of Transportation – National Highway Traffic Safety Administration (Rev. – 2/02)

Applicant's Signature: _____ Date (m/d/yy): _____
Supervisor's Signature: _____ Title: _____ Date (m/d/yy): _____

ONLY GOHS EMPLOYEES COMPLETE THIS SECTION

II. APPROVALS (This section cannot be completed on-line)

Signatures

Date

PLANNER:	Charge to Program Area:	
SUPERVISOR:		
BUDGET OFFICER:		
TRAINING MANAGER:		
DIRECTOR (or DESIGNEE):		

cc: Applicant Planner Supervisor Training Manager

GOHS Form 2007 Rev. 10/07/03