

**GOVERNOR'S OFFICE OF HIGHWAY SAFETY**  
**TRAINING – TRAVEL APPLICATION**  
 7 Martin Luther King Jr Drive, Suite 643 - Atlanta, Georgia 30334  
 Telephone: 404-656-6996 FAX: 404-651-9107

APPLICANT:	EVENT:	
TITLE:	EVENT DATES (Use format m/d/yy) From:	To:
AGENCY:	SPONSORING ORGANIZATION:	
AGENCY ADDRESS:		
CITY AND ZIP CODE OF AGENCY:	CITY AND STATE OF EVENT:	
AGENCY TEL:	AGENCY FAX:	TEL: FAX:

**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 checked="" 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).

**II. BUDGET** (Please indicate proposed costs for each item.)

EXPENSES		PLANNER'S RECOMMENDATION		
Item	Proposed Cost	Approved Cost	Approved (Initial)	Not approved ~ Explanation Required
Registration	\$	\$		
Airfare	\$	\$		
Mileage (Parking)	\$	\$		
Hotel	\$	\$		
Meals	\$	\$		
<b>TOTAL</b>	\$	\$		

**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*

<b>III. TRAVEL</b>	
Destination:	Name of Airline:
Departure Date:	Desired Time: AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Return Date:	Desired Time: AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>
Hotel Name:	FEI:
Hotel Address:	Car Rental Company: FEI:
TRAVEL, INC. – FEI: <u>58-1347682</u>	Travel Confirmation Number <u>\$4.25 (thru Concur)</u>
4355 River Green Parkway – Duluth, GA 30096	Hotel Confirmation Number _____
Reservations (Rev 2013): 770-291-4200	Car Rental Confirmation Number _____
	Travel Agency's Fee <u>\$ _____</u>

**IV. 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