## **Workshop & Training Expense Approval**

Applicant Name					
Department					
Date of Request					
Title of Workshop / Training					
The or tremenep, training					
Purpose / Objective					
Workshop/Training Dates					
Location / Venue					
Expense Item	Description	Amount			
		7-10-110			
Total					
Additional Remarks					
Requested by					
Date					
Approved by					
Date					