CITY OF TRAVERSE CITY
PROFESSIONAL DEVELOPMENT REQUEST

WHO SHOULD COMPLETE THIS FORM:
Anyone who is attending a conference/workshop/seminar/or other training activity that is not conducted by the City of Traverse City.

HOW FAR IN ADVANCE:
As early as possible, no later than 3 weeks in advance to your department head.

Employee Name: _____ Department:_____

Nature of Meeting: _____

Is this A National Event? ___ Yes ___ No
If Yes, Did you attend a National Event Last Year? _____ Yes _____ No

Sponsored By: _____ Location: _____

Dates and Days of Week: _____

What benefit will you and the City receive from your attendance at this meeting?

_____

What is the Total Estimated Cost of the Workshop:

Registration	$_____	Food	$_____
Transportation	$_____	Lodging	$_____
Mileage	$_____	Other	$_____

Total Estimated Cost: $_____

Was this event budgeted?____ Yes ___ No

Signatures:

_____	_____	_____
Employee	Department Head	*City Manager *(Required: Department Head requests)*
_____	_____	_____
Date	Date	Date

HR Department Tracking_____ (initial)

The completed form should be included when seeking reimbursement or to be included with procurement card purchases.