

Training/Travel Expense Reimbursement

Please attach a copy of the agenda, event brochure, original receipts etc. as backup documentation.

County

Federal Tax ID#

Training/Workshop Information

Name of Event

Public Health Program

Date(s) of Event

List Registrant Names Below (Must all be using the same PCA. Please use a separate form for each PCA used.)

(Please attach a separate sheet for more names)

Index 50331 _____ PCA _____ Agency Object Code: _____ Amount \$ _____

APPROVALS

Section Manager: _____ DATE: _____

Program Support Manager _____ DATE: _____

For Financial Services Use Only

Invoice field: Date(s) of Training

Description field: LHD Training/Travel

Document Number _____ Document Date _____