

TEMADD Authorization Form/Training Request

Note to the Requester:

- 1. Request must be submitted thirty (30) working days in advance, please include supporting documents as appropriate.
2. Requests requiring a registration fee should also include Standard Form 182 and a completed registration form.
3. Government messing and lodging must be utilized if available; the most cost effective transportation must be used.

SECTION ONE (TO BE COMPLETED BY REQUESTER)

Name (L,F MI): \_\_\_\_\_ Rate: \_\_\_\_\_ Work ext: \_\_\_\_\_ Date of request: \_\_\_\_\_
Directorate: \_\_\_\_\_ Dept: \_\_\_\_\_ Position title: \_\_\_\_\_ # of TAD this FY: \_\_\_\_\_
Last 4 SSN: \_\_\_\_\_ PRD: \_\_\_\_\_ CME trips this FY: \_\_\_\_\_ CME Credits: \_\_\_\_\_
Reason: \_\_\_\_\_ Location: \_\_\_\_\_
Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_
Course dates and times: From: \_\_\_\_\_ at \_\_\_\_\_ To: \_\_\_\_\_ at \_\_\_\_\_
Leave Taken In Conjunction With TAD: No \_\_\_\_\_ Yes \_\_\_\_\_ Dates/times: \_\_\_\_\_
Type Of Orders: COST \_\_\_\_\_ NO COST \_\_\_\_\_ Government Credit Card Holder: Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Please keep in mind that these are only desired choices and that the most cost efficient travel will be funded. Please state justifications if choosing POV, rental car, or commercial lodging.

Desired Transportation: \_\_\_\_\_ Transportation to Fresno Airport (if Applicable)
Government Vehicle \_\_\_\_\_ POV (I will park my vehicle at airport)
Commercial Air \_\_\_\_\_ POV (I will have someone drop off me and pick me up)
Rental Car \_\_\_\_\_ Other: \_\_\_\_\_
Private Auto (Non-reimbursable) \_\_\_\_\_
Other: \_\_\_\_\_

Desired Messing: \_\_\_\_\_ Desired Lodging: \_\_\_\_\_
Gov. Messing \_\_\_\_\_ Commercial Messing \_\_\_\_\_ Partial Meal Rate \_\_\_\_\_ BQ \_\_\_\_\_ Commercial Lodging \_\_\_\_\_
Have you made reservations? \_\_\_\_\_ Where? \_\_\_\_\_ Rate: \$ \_\_\_\_\_ Conf #: \_\_\_\_\_

SECTION TWO (TO BE COMPLETED BY TAD COORDINATOR)

Partial Meal Rate: \_\_\_\_\_
Commercial Meal Rate: \_\_\_\_\_
Government Lodging: \_\_\_\_\_
Commercial Lodging: \_\_\_\_\_
Transportation: \_\_\_\_\_
Airfare: \_\_\_\_\_
Other: \_\_\_\_\_

Total Expenses: \_\_\_\_\_ TAD Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_
Deputy Comptroller: \_\_\_\_\_ Date: \_\_\_\_\_ Funds Available: Yes / No

SECTION THREE (TO BE COMPLETED BY CHAIN OF COMMAND)

Routing: Initials Date
Department Head: Approved / Not Approved \_\_\_\_\_ Comments: \_\_\_\_\_
Director: Approved / Not Approved \_\_\_\_\_ Comments: \_\_\_\_\_
Executive Officer: Approved / Not Approved \_\_\_\_\_ Comments: \_\_\_\_\_
Comments: \_\_\_\_\_