**In-Depth Training – Request for Funds**

Educators are eligible for up to $1,500 per year, July 1 through June 30, to support costs associated with one or more in-depth trainings.

* E-mail this request for funds to your supervisor 2 to 3 weeks prior to the early bird registration deadline.
* E-mail indicating approval will be sent to the employee and the Extension Accounting Associate.
* P-card can be used for appropriate expenses within the approved amount. **It is the employee’s responsibility to ensure expenses on the p-card do not exceed the amount approved.** Other approved trip expenses will be reimbursed to the employee following the conference.
* The required training documentation form must be submitted to the Capacity Building Team within 6 months of the training.
* Please be sure that any travel outside of your assigned work area is approved through the [UWE Official Leave](https://wyoextension.org/employee_resources/forms-requests/leave-request/) process, and that [UW Travel Documentation](https://www.uwyo.edu/travel/index.html) is also completed if going out of state. In most cases, you will need to complete both of those for in-depth training opportunities.
* If you are sharing expenses with colleagues (i.e. splitting a hotel room at the same conference, sharing mode of travel, etc.), please attach a spreadsheet to your WyoCloud expense report identifying an expense breakdown for members of the group.
* **You are responsible for making all travel and training arrangements and handling expenses in accordance with UW Extension policy**. Call 307-766-3562 if you need assistance.

**Employee Name:**

**Training Requested** (Please attach a flier or provide a hyperlink)**:**

**Description:**

**Location of Training: Date(s):**

**Approximate Expenses:**

|  |  |
| --- | --- |
| **Expense** | **Amount** |
| Registration |  |
| Transportation Expenses (including tolls) |  |
| Lodging |  |
| Meals ([per diem](https://www.gsa.gov/travel/plan-book/per-diem-rates?compositeLink=%7BEC19F7FD-4B27-40F7-ADFB-978D0A0C43E2%7D&compositeLink=%7BEC19F7FD-4B27-40F7-ADFB-978D0A0C43E2%7D&overlay=%7BAC62976B-9C64-4121-A13E-9028FE41C7F1%7D&keyword=1LF2SO3GL&utm_medium=earned_social), or other estimate if single day) |  |
| Total Cost: |  |

**Other funding sources and approximate amounts, if applicable (grant dollars, county funds, etc.):**

|  |  |
| --- | --- |
| **Source** | **Amount** |
|  |  |
|  |  |
|  |  |

**Amount Requested from UW Extension:**

**Rationale** (Reasons that this training is being requested):

**Long-term benefit** (How this training will be incorporated into your job responsibilities and benefit the organization):

**Previous training requests for current year July 1 through June 30**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Granted** | **Denied** | **Total Dollars**  **Received** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |

**For Office Use Only**

**\_\_\_\_\_\_\_\_** The request has been approved in the amount up to $\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_** The training request has been denied. **Rationale:**

**Supervisory Approval by** (Print)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 5/20/2025