

X the appropriate copy designator.

Copy 3- VENDOR (REQUEST DOCUMENT)

Copy 4- VENDOR (FINANCE)

Copy 5- VENDOR (AGENCY)

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT

A. AGENCY CODE AND SUBELEMENT, AND SUBMITTING OFFICE NUMBER (xx-xx-xxxx)	B. STANDARD DOCUMENT NUMBER (Org. identifier/FY/Doc./type code/Serial Number)	C. REQUEST STATUS OR PROCESS CODE (X one)		D. AMENDMENT NO.
		(1) Initial	(2) Resubmission	
		(3) Correction	(4) Cancellation	

SECTION A - TRAINEE / APPLICANT INFORMATION

1. NAME (Last, First, Middle Initial)	2. 1st 5 LETTERS OF LAST NAME	4. ED. LEVEL	5. CONTINUOUS FEDERAL SVC. a. Years b. Months		
6. HOME ADDRESS (Street, City, State and ZIP Code) (optional)	7. TELEPHONE NUMBERS (Include area code)		8. POSITION TITLE		
	a. Home	9. POSITION LEVEL (X one)			
11. ORGANIZATION NAME	(1) Commercial	a. Executive	10. PAY PLAN/SERIES/GRADE/STEP (Rank/MOS/AFSC/or Navy Designator)		
	(2) DSN	b. Manager			
12. ORGANIZATION MAILING ADDRESS (Include ZIP Code)	13. ORGANIZATION UIC		14. TYPE OF APPOINTMENT	15. NO. PRIOR NON-GOVERNMENT TRAINING DAYS	
	16. ARE YOU HANDICAPPED OR DISABLED? (X one)	Yes			d. Non-Supervisory
		No			e. Other (Specify)

SECTION B - TRAINING COURSE DATA

17. COURSE TITLE				19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY			
18. TRAINING OBJECTIVES (Benefits to be derived by the Government)				a. Name			
				b. Mailing Address (Include ZIP Code)			
20. COURSE CODES				c. Location of Training Site (If other than 19b)			
a. Purpose	f. Security Clearance	k. Training Program	21. COURSE HOURS (4 digits)		22. COURSE IDENTIFIERS		
b. Type	g. Allocation Status	l. Reason for Selection	a. Duty	a. SAID			
c. Source	h. Priority	23. TRAINING PERIOD (YYYYMMDD)	b. Non-duty	b. Catalog/Course No.			
d. Special Interest	i. Training Level	a. Start	c. TOTAL	c. Offering/TLN			
e. Training Vendor	j. Method of Training	b. Complete					

SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)

24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box <input checked="" type="checkbox"/>					
25. DIRECT COSTS		26. INDIRECT COSTS (For information only)		27. ACCOUNTING CLASSIFICATION	
a. Tuition cost	a. Travel cost				
b. Books, material, other costs	b. Per diem/other costs				
c. Total direct costs	c. Total indirect costs				
d. Funding source	28. LABOR COSTS		29. SIGNATURE OF FISCAL OFFICER (Follow local procedure)		30. TOTAL OF DIRECT & INDIRECT COSTS
31. JOB ORDER NO.					

SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION

32. SUPERVISOR: I certify training is job related and nominee meets prerequisites.				33. TRAINING OFFICER: I certify this training meets regulatory requirements.				
a. Typed Name (Last, First, Middle Initial)		b. Phone Number (Include area code)		a. Typed Name (Last, First, Middle Initial)		b. Phone Number (Include area code)		
c. Signature & Title			d. Date (YYYYMMDD)	c. Signature & Title			d. Date (YYYYMMDD)	
34. AUTHORIZING OFFICIAL				35. COURSE ACCEPTANCE (To be completed by school official)				
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved				a. Accepted	c. School Official Signature		d. Date (YYYYMMDD)	
b. Typed Name (Last, First, Middle Initial)		c. Phone Number (Include area code)		b. Not Accepted				
d. Signature & Title			e. Date (YYYYMMDD)	36. COURSE COMPLETION (To be completed by school official)				
37. BILLING INSTRUCTIONS (Identify discount terms % days.) Furnish original invoice and 3 copies to:				a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input checked="" type="checkbox"/>		b. Actual Completion Date (YYYYMMDD)		c. Grade
				d. Signature & Title			e. Date (YYYYMMDD)	
38. CERTIFYING GOVERNMENT OFFICIAL								
a. I certify that this account is correct and proper for payment in the amount of: \$								
b. Signature				c. Date Signed (YYYYMMDD)				
d. DSSN Number		e. Check Number		f. Voucher Number				

TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.