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7. Organization matring address (Branch-Division/Office-Bureau/Ageinor)     8. Office-Telephone     9. Optimization Mathin     10. bureau for prior book of the division of the di	4. Home address (Number	, street, city, State,	ZIP co	de)				5. Home	tele	phone			6. Pc	sition le	evel (Mark			,	
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112 - Paradiant identification       12 - Type developments       12 - Type of applantment       14 - Type o								Area cod	e	Number	Extension		re	ars	Months	- '	lannig	uays	
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b. Books or materials   c. Other (Specify)   d. (Enter 4 digits in dollar column)   TOTAL   s   b. Signature   22. Indirect costs and appropriation/fund chargeable Item Amount Appropriation/fund 23. Training Officer - Name and title Area code/Tel. No./Extension Date 23. Training Officer - Name and title b. Signature Date 23. Training Officer - Name and title b. Signature b. Signature Date 23. Document/Purchase Order/Requisition No. b. Signature c. Authorizing official - Name and title c. Approved d. (Example - 12-34-5678) c. Signature c. Approved b. Signature b. Signature b. Signature b. Signature c. Signature b. Signature c. Signature c. Signature b. Signature c. S			-	ents		Appropria	tion/fund												
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d. (Enter 4 digits in dollar column) 13   23. Document/Purchase Order/Requisition No.     23. Document/Purchase Order/Requisition No.     b. Signature     b. Signature     b. Signature     b. Signature     c. Example - 12-34-5678)     25. BILLING INSTRUCTIONS (Furnish invoice to) :     a. (Enter 4 digits in dollar column)     b. Signature     b. Signature     b. Section F - CERTIFICATION OF TRAINING COMPLETION     a. (Example - 12-34-5678)     b. Section F - CERTIFICATION OF TRAINING COMPLETION     a. (Example - 12-34-5678)     b. Section F - CERTIFICATION OF TRAINING COMPLETION     a. (Example - 12-34-5678)     b. Section F - CERTIFICATION OF TRAINING COMPLETION     a. (Example - 12-34-5678)     b. Section F - CERTIFICATION OF TRAINING COMPLETION     a. (Example - 12-34-5678)     b. Signature     a. (Example - 12-34-5678)     b. Section F - CERTIFICATION OF TRAINING Complexity of the section for the section f	c. Other (Specify)																		
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b. Signature Date																	<u> </u>		
																	⊔ate		
TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.	TRAINING FACIL	ITY Bills sho	1. 25. Ple	ase	e refer to num	ber aive	ı in i	item	23 to	assure r	oromn	t pavi	ment.						

		-																	
	A.	and si	ubmitt	le agency sube ing office numb	lement er	01	B. OFF	ICE	USE ONLY										
	ST, AUTHOR							(Exarr	nple - )	xx-xx-xxxx)		-	C. Requ	iest	status (Mar	k (X) d	one)		02
AND	CERTIFICA	ATION		FTF	RAINING	5							Initi	al o			Correct	ion or	01
<u> </u>															nission		Cancel	lation	
<ul> <li>Applicant's name (Last</li> </ul>	-First-Middle Initial)				50	Enter first	-			ty Number			3 Date	of B	Birth <i>(Year a</i>	nd m	onth)		
						5 letters of last name	3	SUCIAI	Secun	ty Number		04	J. Date	01.0	iiiii (ieai a	nu mu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		05
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4. Home address (Numbe	r strast sity State	7/R 000					5 1	Home t	telenh	000			6 Positi	ion l	evel (Mark (	sh	own as 4	43/01)	
4. Home address (Numbe	r, street, city, state,	210 000	le)					ea code	- <u> </u>	one					supervisory	Í	c. Mana	ager	
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7. Organization mailing ad	dress (Branch-Divis	sion/Offic	ce/Bur	eau/A	aencv)		8. (	Office 1	Teleph	one				· ·	us civilian	10	. Number	of prio	
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11a. Position title/function	ı					cant handi- ed or disabled <i>instructions</i> )	12.	. Pay p	lan/se	ries/grade/step		ľ	13. Туре	ofa	appointmen	t 14	. Educati	on leve	əl
•						tion B - TRA			IPSI										•
		ndor (Al	la atra							f training site ()	f	de have)			<b>&gt;</b>				
15a. Name and mailing a	udress of training ve		o., sire	eel, cil	y, Slale, ZIP	code)	150	D. LOCA		in training site (i	i same, ma	K DOX)					J		
16. Course title and traini	na objectives (Bene	fits to be	e deriv	ed by	the Governn	nent)													
				0 u 2)		ienty													
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		Year N	Month	Day	a. During d	uty						Code						Code	;
	a. Start				b. Non-duty	/			a. Pu	irpose			08	c. S	Source				10
	b. Complete				c. TOTAL		•		b. Ty	rpe			09	d. 8	Special inte	rest			11
AGENCY USE ONLY																			
Section C - ES	TIMATED COS	STS AN	ND B	BILLI	NG INFOR	RMATION	< ▶				Section	n D - A	PPRC	)VA	LS				◀
21. Direct costs and appr	opriation/fund charg	eable					268	a. Imme	ediate	Supervisor - N	ame and tit	le		Are	ea code/Tel.	No./E	Extensior	ı	
Item	Αποι	unt			Appropria	tion/fund													
	Dollars	Ce	ents				-												
a. Tuition	\$	_	_				b. \$	Signatu	ure								Date		
b. Books or materials			_				07	- 0	e es el Ree	0				A		NI- //			
c. Other <i>(Specify)</i>							278	a. Seco	ona-IIn	e Supervisor -	Name and	itie		Are	a code/Tel.	NO./E	-xtensior	1	
d. (Enter 4 digits in	12		_																
dollar column)							b S	Signatu	ure								Date		
22. Indirect costs and app	propriation/fund cha	rgeable					-												
Item	Amou	-					288	a. Trair	ning O	fficer - Name a	nd title			Are	a code/Tel.	No./E	Extensior	ı	
	Dollars	Ce	ents		Appropria	tion/fund													
a. Travel	\$																		
b. Per diem							b. \$	Signatu	ure								Date		
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d. (Enter 4 digits in dollar column)	13						298	a. Auth	norizing	g official - Name	e and title			Are	ea code/Tel.	No./E	Extensior	ı	
TOTAL							_												
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24. 8-Digit station symbol		<u> </u>							Soc	tion F - CEI					Disapprov			J	
(Example - 12-34-567	,						-	a Cart							a code/Tel.				•
25. BILLING INSTRUCTIO	JING (FUTTIISTI INVOICE	<del>,</del> (0) :					308	a. Certi	yırıg (	official - Name a	and lille			Are	a coue/Tel.	INU./E			
							h s	Signatu	ure								Date		
TRAINING FACI	LITY Bills sho	ould b	e ser	nt to	office ind	icated in item	25.	Plea	ase r	efer to num	ber aive	n in it	tem 23	to	assure r	orom	nt pav	ment	

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					and	sub	code agency sube	lement er	01	B. OFFIC	E USE ONL	.Y					
	ST, AUTHOR						(Exa	mple	le - xx-xx-xxxx)	1		C. Reque	st status (M	ark (X) (	one)		02
AND	CERTIFICA	<b>NTIO</b>	ON O	FTF	RAINING	6						Initia			Correct	ion or	02
													Ibmission		Cancel		
►					Se	ction A - TRAI											•
1. Applicant's name (Last	-First-Middle Initial)					Enter first 5 letters of <b>03</b>	2. Social	Se	ecurity Number		04	3. Date o	f Birth <i>(Yea</i> )	r and mo	onth)		05
						last name	-			L				(E	Example-l	born	L
														Ja <u>st</u>	anuary 14 hown as 4	4, 1943 <u>43/01)</u>	}
4. Home address (Numbe	r, street, city, State,	ZIP co	ode)				5. Home	tele	ephone			6. Positio	n level (Mar	k (X) on	e only)		
							Area coo	le				a. No	on-superviso	ry	c. Mana	ager	
												b. Sı	pervisory		d. Exec	cutive	
7. Organization mailing ac	ddress <i>(Branch-Divis</i>	sion/Of	ffice/Bur	reau/A	gency)		8. Office	Tel	lephone			9. Contin	uous civilian	10	. Number		
							Area cod	le	Number	Extension		Years	Months		training	days	int i
											Γ						
11a. Position title/function	1				11b. Appli	cant handi- ed or disabled	12. Pay	plar	n/series/grade/step			13. Type	of appointme	ent 14	. Educati	on leve	əl
						instructions)											
<b>&gt;</b>					Sec	tion B - TRAIN	ING CO	UF	RSE DATA					-			•
15a. Name and mailing ad	ddress of training ve	endor (	(No., str	eet, cit	v. State, ZIP	code)	15b. Loc	atio	on of training site (If	<sup>r</sup> same, mar	k box)			-			
	<b>j</b>		,		,,	,			<b>3</b> • • • •		,			·	J		
16. Course title and training	na objectives (Rene	fits to l	he deriv	ed by	the Governm	nent)											
	ng objectives (Bene	110 10 1	be dem	cu by		ioni,											
17. Catalog/Course No.	18. Training perio	d <i>(6 di</i>	liaits)	06	19. No. of (	course hours (4 dig	its) 07	2	20. Training codes (	See instruc	tions)						
Tr. Catalog/Course No.	Tel Hannig pene	Year	<u> </u>	- · ·	a. During d			-			Code					Code	
	a. Start			,	b. Non-duty		<u> </u>		a. Purpose		Coue		c. Source			Coue	_
	b. Complete				c. TOTAL	×		-						toroot			10
	b. Complete				C. TOTAL			D	о. Туре			09	d. Special in	terest			11
AGENCY USE ONLY																	
N 0							1.			<u> </u>			(1) 0				
Section C - ES				SILLI	NGINFOR	RMATION				Section							•
21. Direct costs and appro							26a. Imn	nedi	liate Supervisor - Na	ame and titl	е	· · · · · · · · · · · · · · · · · · ·	Area code/T	el. No./E	Extensior	ו	
Item	Amou				Appropria	tion/fund											
	Dollars		Cents				<u> </u>										
a. Tuition	\$						b. Signa	ture	e						Date		
b. Books or materials																	
c. Other (Specify)							27a. Sec	cond	d-line Supervisor - N	Name and t	itle		Area code/T	el. No./F	Extensior	ı	
d. (Enter 4 digits in dollar column)	12																
TOTAL	. ► \$						b. Signa	ture	e						Date		
22. Indirect costs and app	propriation/fund cha	rgeable	le														
Item	Αποι	unt			Appropria	tion/fund	28a. Tra	inin	ng Officer - Name an	nd title			Area code/T	el. No./f	Extensior	ı	
	Dollars	c	Cents		Appropria												
a. Travel	\$																
b. Per diem							b. Signa	ture	e						Date		
c. Other (Specify)																	
							►		Section	E - APP	ROV	AL/COM	ICURRE	NCE			•
d. (Enter 4 digits in	13						29a. Aut	hori	rizing official - Name	and title			Area code/T	el. No./I	Extensior	ı	
dollar column)	. ► \$																
23. Document/Purchase (	Order/Requisition No	).					1										
							b. Signa	ture	9				Approve	d	Date		
24. 8-Digit station symbol							1						Disappro	oved			
(Example - 12-34-567		→					▶	S	Section F - CEF	RTIFICA	TION	OF TR/				1	•
25. BILLING INSTRUCTIO	ONS (Furnish invoice	e to) :					30a. Cer	tifyi	ing official - Name a	ind title			Area code/T	el. No./I	Extensior	ı	
		,							-								
							1										
							b. Signa	ture	9						Date		
TRAINING FACII	LITY Bills sho	uld I	be se	nt to	office ind	icated in item	25. Ple	as	se refer to num	ber aive	n in if	tem 23	to assure	prom	upt pav	ment	
								~							r - P~y		

					A.	Agenc	y, code agency sube	lement	Т	B. OFFICE	USE ONLY					
<b>REQUEST, AUTHORIZATION, AGREEMENT</b>									bmitting office numb	er 0						
	CERTIFIC							,			-	C. Reques	t status <i>(Mark</i>	(X) one)		02
AND	CERTIFIC	AIIC			CAINING	•						Initial		Co	rrection o	r
▶					50	ction A - TRA						Resub	mission	Ca	ncellation	•
Applicant's name (Last-	First Middle Initial	<u>.</u>			50	Enter first	_		Security Number			B Date of	Birth (Year an	d month	)	
		/				5 letters of last name	<b>B</b>   <sup>2.</sup> `	SUCIAI	security Number	0	4  `	b. Date of	Ditti (rear an	u monun)	,	05
														(Exam	ple-born ry 14, 194	4.3
							_				_			shown	as 43/01	ý –
4. Home address (Number	r, street, city, Stat	e, ZIP c	ode)				5. ł	Home te	elephone			<ol> <li>Position</li> </ol>	level (Mark (X	() one on	ly)	
							Are	ea code			F	a. Nor	n-supervisory	c. I	Manager	
													pervisory		Executive	
7. Organization mailing ad	ldress <i>(Branch-Di</i>	ision/O	ffice/Bur	eau/A	gency)		8. (	Office T	elephone			<ol> <li>Continu service</li> </ol>	ous civilian		mber of pr n-governm	
							Are	ea code	Number	Extension	L	Years	Months	trai	ning days	;
11a. Position title/function					11b. Applic	cant handi- ed or disabled	12.	. Pay pl	an/series/grade/step		1	3. Type of	f appointment	14. Edu	ucation le	vel
						instructions)										
▶					Sec	tion B - TRAI	NING	G COL	IRSE DATA							•
15a. Name and mailing ac	dress of training	vendor	(No., str	eet. cit	tv. State. ZIP	code)	15	b. Loca	tion of training site (I	f same. mark b	ox)					
······································			(,	,	<i>,</i> ,,	,										
16 Course title and trainin	a chicotivos (Res		ha dari	ad hu	the Causeman	aa m()										
16. Course title and training	ig objectives (Ber	ients to	be dem	еа ву	the Governm	ieni)										
	40 7								00 T · · · · ·							
17. Catalog/Course No.	18. Training pe		1	06		course hours (4 di	gits)	07	20. Training codes (	See instructior	s)					
		Year	r Month	Day	a. During d	uty	_			C	ode				Cod	le
	a. Start				b. Non-duty	Ý	_		a. Purpose			<b>08</b> c.	Source			10
	b. Complete				c. TOTAL	]			b. Type			<b>09</b> d.	Special intere	est		11
AGENCY USE ONLY																
Section C - ES	TIMATED CC	STS /	and e	ILLI	NG INFOR	RMATION	< ▶			Section D	- A	PPROV	ALS			•
21. Direct costs and appro	priation/fund cha	rgeable					26	a. Imme	ediate Supervisor - N	ame and title		A	rea code/Tel.	No./Exter	nsion	
Item	· · · ·	ount														
	Dollar		Cents		Appropria	tion/fund										
a. Tuition	\$	-						Signatu	Ire					Da	te	
b. Books or materials							5.	oignato								
							- 77		and line Cuperviser	Name and title			raa aada/Tal			
c. Other <i>(Specify)</i>							2/3	a. Seco	ond-line Supervisor -	Name and title			rea code/Tel.	NO./Exter	nsion	
	40															
d. (Enter 4 digits in dollar column)	12															
TOTAL							b. \$	Signatu	Ire					Da	te	
22. Indirect costs and app	· ·	-	le				—					<u> </u>				
Item	Am	ount			Appropria	tion/fund	288	a. Train	ing Officer - Name a	nd title		A	rea code/Tel.	No./Exter	nsion	
	Dollar	s (	Cents													
a. Travel	\$															
b. Per diem							b. 3	Signatu	ire					Da	te	
c. Other (Specify)																
							►		Section	IE - APPR	OV/	L/CON	CURRENC	E		•
d. (Enter 4 digits in	13				298	a. Auth	orizing official - Name	e and title		A	rea code/Tel.	No./Exter	nsion			
dollar column)	►s						-									
23. Document/Purchase C	Drder/Requisition	No.														
							h	Signatu	Ire				Approved	Da	te	
24. 8-Digit station symbol							$\neg$	2.gnat0					Disapprove			
	8)								Section F - CEI	TIFIC ATIO					ION	•
(Example - 12-34-567	,						- ·									•
25. BILLING INSTRUCTIO	NNS (Furnish invo	ice to) :					30	a. Certi	fying official - Name a	and title		A	rea code/Tel.	NO./Exter	nsion	
														Da	te	
TRAINING FACIL	ITY Bills sh	nould	be sei	nt to	office ind	icated in item	25.	Plea	se refer to num	ber aiven i	n ite	em 23 to	o assure p	rompt	paymen	nt.

r						A A			amant	_			USE ONLY				
			and	sub	code agency subel	er	01	B. OFI	FICE	USE UNL I							
	T, AUTHOR						(Exa	mpl	le - xx-xx-xxxx)	1		C. Rea	uest	status <i>(Mark</i>	(X) one)		00
AND	CERTIFICA	TION	N OF	F TF	RAINING	;									· / /		02
													tial or esubn	nission	Co	rrection on ncellation	or n
▶					Se	ction A - TRAI	NEE INF	OF	RMATION								₹
1. Applicant's name (Last-	-First-Middle Initial)					Enter first 5 letters of 03	2. Social	l Se	curity Number		04	3. Date	e of B	irth <i>(Year ar</i>	nd month)	)	05
						last name	4			l					(Evam	ple-bom	
															Janua	ry 14, 19 as 43/0	43
4. Home address (Number	r street city State	ZIP cod	de)				5. Home	tele	ephone			6. Pos	ition I	evel (Mark ()			1)
	,,, ,,, ,,,						Area coo					-		supervisory	Í I	Manager	
							/				F	-		ervisory		Executive	
7 Organization mailing of	Idroco (Bronch Divio	ia n/065	aa /D		e e m e u d		8. Office		lanhana					us civilian		mber of p	
7. Organization mailing ac	Iuless (Branch-Divis		ce/bure	au/A	gency)					Estension	-				nor	n-governi ning day	ment
							Area coo	ie	Number	Extension	-	Year	s	Months	-	inig day	•
					11b. Appli	cant handi-											
11a. Position title/function					cappo	ed or disabled instructions)	12. Pay	plar	n/series/grade/step		1	3. Тур	e of a	appointment	14. Edi	ucation le	evel
					•	,											
▶					Sec	tion B - TRAIN	IING CO	UF	RSE DATA						<del></del>		•
15a. Name and mailing ac	ddress of training ve	ndor (No	lo., stre	et, cit	y, State, ZIP	code)	15b. Loc	atio	on of training site (If	same, mai	k box)		-				
16. Course title and training	ng objectives (Bener	fits to be	e derive	ed by	the Governn	nent)											
17. Catalog/Course No.	18. Training perio	d (6 digi	its)	06	19. No. of a	ourse hours (4 dig	its) 07	2	0. Training codes (	See instruc	tions)						
		Year N	Month	Day	a. During d	utv	T T				Code					Co	de
	a. Start			-	b. Non-duty			1_	. Purpose			08	6.5	Source		-	10
	b. Complete				c. TOTAL	·		+	. Type			09		Special inter	aet		11
	b. complete				C. TOTAL	•		10	. Type			09	u. (		551		[11
AGENCY USE ONLY																	
							1.										
Section C - ES	TIMATED COS	SIS AN	ND B	ILLI	NG INFOR	RMATION 4				Section		PPR	1				•
21. Direct costs and appro	opriation/fund charg	eable					26a. Imr	ned	liate Supervisor - Na	ame and titl	е		Are	a code/Tel.	No./Exter	nsion	
Item	Amou	unt			Appropria	tion/fund											
	Dollars	Ce	ents														
a. Tuition	\$						b. Signa	ture	e						Da	te	
b. Books or materials																	
c. Other (Specify)							27a. Se	con	d-line Supervisor - N	Name and t	itle		Are	a code/Tel.	No./Exter	nsion	
d. (Enter 4 digits in	12																
dollar column)	<b>▶</b> \$						b. Signa	ture	9						Da	te	
22. Indirect costs and app	propriation/fund char	rgeable					1										
Item	Amou	-					28a. Tra	inin	g Officer - Name an	id title			Are	a code/Tel.	No./Exte	nsion	
	Dollars		ents		Appropria	tion/fund				-							
a. Travel	\$						1										
b. Per diem			$\neg$				b. Signa	ture	<u> </u>				1		Da	to	
			$\neg$				b. Signa	ule	-								
c. Other <i>(Specify)</i>							<b>•</b>		Section		RUV			URRENO			•
d (Entra 1 11 11 1	12						1.007		1			! .	٦				
d. (Enter 4 digits in dollar column)	13						29a. Aut	thor	rizing official - Name	and title			Are	a code/Tel.	No./Exter	nsion	
TOTAL							4										
23. Document/Purchase (	Order/Requisition No	).															
							b. Signa	ture	e				Щ	Approved	Da	te	
24. 8-Digit station symbol														Disapprove			
(Example - 12-34-567	8)	→					▶	S	Section F - CEF	RTIFICA		OF TI	RAIN	NING CO	MPLET	ION	•
25. BILLING INSTRUCTIO	ONS (Furnish invoice	e to) :					30a. Cei	rtifyi	ing official - Name a	nd title			Are	a code/Tel.	No./Exter	nsion	
							1						1				
1																	
							b. Signa	ture	9						Da	te	
							b. Signa	ture	9						Da	te	

IRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment

		A. Agen and s	cy, sub	code agency subel	lement er	01	B. OF	FICE	USE ONLY										
								(Exai	mpl	le - xx-xx-xxxx)	L	-	C. Re	quest	status (Mark	(X) or	ne)		02
AND	CERTIFICA			. 16	CAINING	2								itial o			Correcti	ion or	
▶					Se	ction A -	TRAIN		OF	RMATION			IR	esubr	nission		Cancell	ation	•
1. Applicant's name (Last-	First-Middle Initial)					Enter first			-	curity Number			3. Dat	e of E	Birth (Year ai	nd mor	nth)		<u> </u>
						5 letters o last name	of <b>03</b>				L	04							05
																Jar	ample-b nuary 14 own as 4	1, 1943	3
4. Home address (Number	r, street, city, State,	ZIP cod	e)					5. Home	tele	ephone			6. Pos	sition I	level (Mark ()			<u>+3/01)</u>	
	,, <b>,</b> ,,,		- /					Area cod		•			_		supervisory	Í	c. Mana	ager	
												ſ	b.	. Supe	ervisory		d. Exec	utive	
7. Organization mailing ad	ldress (Branch-Divis	ion/Offic	e/Bure	au/A	gency)			8. Office	Tel	lephone			9. Cor	ntinuo vice	us civilian		Number non-gov		
								Area cod	le	Number	Extension		Yea	irs	Months		training	days	
11a. Position title/function						cant handi- ed or disable instructions		12. Pay	plar	n/series/grade/step			13. Ту	pe of	appointment	14.	Educati	on leve	əl
►							<i>.</i>		UF	RSE DATA									•
15a. Name and mailing ac	Idress of training ve	ndor (No	stree	et cit						on of training site (If	sama mar	k hov)		_	<b>`</b>				
13a. Name and maining ac	Turess of training ve		<i>., sue</i>	<i>ei, ci</i>	y, State, Zir	coue)			auu		same, man	( 00)			-				
16. Course title and trainin	na objectives (Bener	fits to be	derive	d bv	the Governm	nent)													
	.3			,															
17. Catalog/Course No.	18. Training perio	d (6 digit	ts)	06	19. No. of c	course hours	s (4 digi	ts) 07	2	0. Training codes (	See instruc	ions)							
		Year N	<i>l</i> onth	Day	a. During d	uty						Code						Code	;
	a. Start				b. Non-duty	4			а	a. Purpose			08	с. 3	Source				10
	b. Complete				c. TOTAL				b	о. Туре			09	d. :	Special inter	est			11
AGENCY USE ONLY																			
								-											
Section C - ES	TIMATED COS	STS AN	ID BI	LLI	NG INFOF	RMATION		▶			Section	D - A	\PPR		ALS				•
21. Direct costs and appro	·							26a. Imn	ned	liate Supervisor - Na	ame and title	e		Are	ea code/Tel.	No./Ex	xtension	1	
Item	Amou	- 1	_		Appropria	tion/fund													
a Tuitian	Dollars	Cei	nts					h Oinne									Data		
a. Tuition b. Books or materials		_	-					b. Signa	ture	9							Date		
c. Other (Specify)			-					272 500	2010	d-line Supervisor - N	lame and ti	tlo		Are	ea code/Tel.	No /E	vtension		
c. Other (Spechy)								278. 360	.0110	u-line Supervisor - I		ue			a coue/rei.	NU./L	ALCHISION		
d. (Enter 4 digits in	12																		
dollar column)								b. Signa	ture	2				-			Date		
22. Indirect costs and app	propriation/fund char	rgeable																	
Item	Amou	-			A	4i o m /6		28a. Tra	inin	ig Officer - Name an	id title			Are	ea code/Tel.	No./E	xtension	1	
	Dollars	Cei	nts		Appropria	uon/fund													
a. Travel	\$																		
b. Per diem								b. Signa	ture	e							Date		
c. Other <i>(Specify)</i>																			
		►		Section	E - APP	ROV	AL/C		URREN	CE			•						
d. (Enter 4 digits in dollar column)	13							29a. Aut	hor	rizing official - Name	and title			Are	ea code/Tel.	No./Ex	xtension	I	
TOTAL	Ť							-											
23. Document/Purchase C	Order/Requisition No	).												-					
								b. Signa	ture	9				-	Approved		Date		
24. 8-Digit station symbol	8)	<b>→</b>							9	Section F - CEF	RTIFICAT			RAI	Disapprove		FTION	1	•
(Example - 12-34-567	,	r l						·							ea code/Tel.				_
25. BILLING INSTRUCTIO	nio (rumini invoice	<i>iu)</i> .						Jua. Cer	uryi	ing official - Name a	nu ille			Are	a coue/rel.	INU./E)	LEUSION		
								b. Signa	ture	2							Date		
										-									
TRAINING FACIL	TRAINING FACILITY Bills should be sent to office indicated in item 3										her aive	n in if	tem 2	3 to	assure p	romr	nt nav	mont	

r								A		la mant l						
					A.	and su	y, code agency sube	per	01	B. OFFIC	E USE ONLY					
	ST, AUTHOR							(Exam	ple - xx-xx-xxxx)	L	_	C. Reque	est status (Mar	rk (X) one	•)	02
AND	CERTIFICA	<b>NTIO</b>	N O	FTF	RAINING	6										02
												Initia Resu	Ibmission		orrection ancellatic	
►					Se	ction A - TRA	INE	E INFO	ORMATION							•
1. Applicant's name (Las	t-First-Middle Initial)					Enter first 5 letters of 0	3 2.	Social S	Security Number		04	3. Date o	f Birth <i>(Year a</i>	ind month	h)	05
						last name	-			L				(Exar	mple-born	
														Janu	ary 14, 1 /n as 43/0	943
4. Home address (Numbe	er, street, city, State,	ZIP co	ode)				5.	Home te	elephone			6. Positio	n level (Mark (			<i></i>
			,				Ar	ea code				a. No	on-supervisory	с.	Manage	r
												b. Si	upervisory	d.	. Executiv	ve
7. Organization mailing a	ddress <i>(Branch-Divis</i>	sion/Off	fice/Bur	reau/A	aencv)		8.	Office T	elephone			9. Contin	uous civilian	10. Nu	umber of	prior
7. organization mailing a			nee, Bur	cuum	gonoy			ea code	<u>т</u>	Extension		<u>service</u> Years	Months	- no tra	on-govern aining day	iment vs
										Extension	F	Touro	Montano	-		
11a. Position title/function					11b. Appli	cant handi-	10	Davia				2 Turne (			ducation	laval
TTa. Position title/function	1				cappe	ed or disabled instructions)		. Pay pi	an/series/grade/step		!'	is. Type of	of appointmen	14. EC	Jucation	lever
<u> </u>						,										•
<b>&gt;</b>						tion B - TRA	<b>—</b>							<u> </u>		•
15a. Name and mailing a	ddress of training ve	endor <i>(l</i>	No., stre	eet, cit	ty, State, ZIP	code)	15	5b. Loca	tion of training site (I	f same, mar	k box)		$\rightarrow$	►□		
16. Course title and traini	ng objectives <i>(Bene</i>	fits to b	be deriv	ed by	the Governm	nent)										
17. Catalog/Course No.	18. Training perio	od (6 di	igits)	06	19. No. of a	course hours (4 d	gits)	07	20. Training codes	(See instruc	ions)					
		Year	Month	Day	a. During d	uty					Code				Co	ode
	a. Start				b. Non-duty	/			a. Purpose			08 0	c. Source			10
	b. Complete				c. TOTAL		•		b. Type			09 0	d. Special inte	rest		11
AGENCY USE ONLY	· ·								51						I	
AGENCT USE ONET																
Section C - ES	STIMATED COS	SISA	AND B	SILLI	NG INFOR	RMATION	┛┝			Section	D - A	PPRO	VALS			•
21. Direct costs and appr	opriation/fund charg	eable					26	Sa. Imme	ediate Supervisor - N	ame and titl	e	· · · · · · · · · · · · · · · · · · ·	Area code/Tel	. No./Exte	ension	
Item	Amou	unt			Appropria	tion/fund										
	Dollars	с	Cents													
a. Tuition	\$						b.	Signatu	ire					D	ate	
b. Books or materials																
c. Other (Specify)							27	7a. Seco	ond-line Supervisor -	Name and t	tle	/	Area code/Tel	. No./Exte	ension	
d. (Enter 4 digits in	12															
dollar column)	. ▶ s						b.	Signatu	ıre					D	ate	
22. Indirect costs and ap	propriation/fund cha	rgeable	e				1	5 - /-								
Item	Amou	-					25	Ra Train	ing Officer - Name a	nd title			Area code/Tel	No /Exte	ension	
	Dollars		Cents		Appropria	tion/fund	1					'				
a. Travel	e	$-\mathbf{F}$	201113				-									
b. Per diem	₽  ₽						-	Cia/						<u> </u>	ata	
		-+	-+				D.	Signatu	ne						ate	
c. Other <i>(Specify)</i>							F		0							
	40										RUV		NCURREN			•
<ul> <li>d. (Enter 4 digits in dollar column)</li> </ul>	13						29	a. Auth	orizing official - Name	e and title		· · · · · · · · · · · · · · · · · · ·	Area code/Tel	. No./Exte	ension	
TOTAL	. ▶ \$						_									
23. Document/Purchase	Order/Requisition No	<b>)</b> .														
							b.	Signatu	ire			L	Approved	D	ate	
24. 8-Digit station symbol													Disapprov	ed		
(Example - 12-34-567	78)	→					►		Section F - CE	RTIFICA		OF TR/	AINING CC	MPLE	TION	•
25. BILLING INSTRUCTION	ONS (Fumish invoice	e to) :					30	)a. Certi	fying official - Name a	and title		/	Area code/Tel	. No./Exte	ension	
							h	Signatu	ıre			- 1		п	ate	
							<b>1</b>	g./utt	-							
TRAINING FACI	IITY Rille ehr	ould P	he sor	nt to	office ind	icated in item	25	Plos	ase refer to num	her aive	ı in it	em 23 (	to assure r	oromot	navme	ent
		-uiu l	~~ 301		Surge ind	satea in itell	<b></b> .	1100	and refer to null		0			- ompt	payint	

r												D 055						
			and	l sú	, code agency sube bmitting office numb	er er	01	B. OFF	ICE US	SE ONLY								
	ST, AUTHOR						(Ex	amp	ole - xx-xx-xxxx)	I		C. Reau	uest sta	atus <i>(Mark</i>	(X) on	e)		
AND	CERTIFICA	TION	OF <sup>-</sup>	TRA	AINING	i										·		02
													ial or submis:	sion		Correctio Cancella	on or ation	
►					Sec	ction A - TRA	NEE IN	FO	RMATION									◄
1. Applicant's name (Last	-First-Middle Initial)					Enter first 5 letters of 03	2. Soci	al S	ecurity Number		04	3. Date	of Birth	h (Year an	d mon	th)		05
						last name	-			l	••				(Exa	ample-b	om	
															Jan	uary 14 wn as 4	. 1943	;
4. Home address (Numbe	r, street, city, State,	ZIP code	)				5. Hom	e te	lephone			6. Posit	ion lev	vel (Mark (X			0/01/	
,			,				Area co	ode	ľ			a. N	Non-su	pervisory	Í	c. Mana	ger	
											F	b. 5	Supervi	visory		d. Execu	utive	
7. Organization mailing ac	dress (Branch-Divis	ion/Office	/Bureau	ı/Aae	ncv)		8. Offic	е Те	elephone			9. Conti servio		,	10. N	Number	of prio	
				, ige			Area co		Number	Extension		Years		Months	n ti	non-gov raining (	ernme days	nt
							7.100 00	, ac	Humber	Extension	F		<u> </u>	monuto	1			
11a. Position title/function	, ,			1	11b. Applic		12 Pa	/ pla	an/series/grade/step			3 Type		pointment	14 5	Educatio		
	1					ed or disabled instructions)	12. Fa	/ pie	an/senes/grade/step		'	is. Type	; or app	pointinent	14. L	Luucalic	JII IE VE	1
▶					•	tion B - TRAI												•
							1								ГТ			_
15a. Name and mailing ad	ddress of training ve	ndor <i>(No</i> .	, street,	city,	State, ZIP	code)	15b. Lo	cat	ion of training site (If	f same, mai	k box)							
16. Course title and training	ng objectives (Bene	fits to be o	derived	by the	e Governm	ent)												
17. Catalog/Course No.	18. Training perio	d (6 digits	s) (	<b>)6</b> 1	19. No. of c	ourse hours (4 dig	its) 0	7	20. Training codes (	See instruc	tions)							
		Year Mo	onth Da	ay a	a. During du	uty					Code						Code	:
	a. Start			b	. Non-duty	,			a. Purpose			08	c. Sou	urce				10
	b. Complete			c	. TOTAL	►	·		b. Type			09	d. Sp	ecial intere	est			11
AGENCY USE ONLY																		
Section C - ES	TIMATED COS	TS AN	D BIL							Section	D - A	PPRC	DVAL	s				•
21. Direct costs and appro							-	me	diate Supervisor - Na					code/Tel.	No /Ex	tension		
Item	Amou						200.11	inic			6		Alca			licinsion		
item	Dollars	Cen			Appropriat	tion/fund												
a Tuitian	s	Cell	1.5				h Cian									Dete		
a. Tuition	<b>ə</b>		-				b. Sign	atui	le						'	Date		
b. Books or materials			-															
c. Other <i>(Specify)</i>							27a. S	ecoi	nd-line Supervisor - N	Name and t	tle		Area	code/Tel.	No./Ex	tension		
			-															
<ul> <li>d. (Enter 4 digits in dollar column)</li> </ul>	12																	
TOTAL	▶ \$						b. Sign	atu	re						1	Date		
22. Indirect costs and app	propriation/fund cha	rgeable																
Item	Amou	unt	_		Appropriat	tion/fund	28a. T	aini	ng Officer - Name ar	nd title			Area	code/Tel.	No./Ex	tension		
	Dollars	Cen	ts	-			4											
a. Travel	\$												L					
b. Per diem							b. Sign	atu	re						1	Date		
c. Other (Specify)																		
							►		Section	IE - APF	ROV	AL/CO	NCU	JRRENC	E			◄
d. (Enter 4 digits in	13						29a. A	utho	orizing official - Name	and title			Area	code/Tel.	No./Ex	tension		
dollar column)	. <b>▶</b> \$																	
23. Document/Purchase (	Order/Requisition No	).					1											
							b. Sign	atu	re				A	Approved	1	Date		
24. 8-Digit station symbol							1					ľ		Disapprove	d I			
(Example - 12-34-567	8)	→					▶	:	Section F - CEF	RTIFICA						TION		•
25. BILLING INSTRUCTIO	,	to) ·							ying official - Name a					code/Tel.				
LU. DIELING INGTROOM							000.0	or un	y omolai - Name d				, aca	5546/161.1				
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							L	a.t.							Ι.	Det-		
							b. Sign	atui	IE						'	Date		
		مراط اد ر				ootod In 14	25 5	6.7		har -	a l = ! !		4			4	m c ··· *	
TRAINING FACI	LIIY BIIIS Sho	buid be	sent t	o of	mce indi	cated in item	∠5. P	ea	se refer to num	per give	<u>n in it</u>	em 23	i to as	ssure pi	romp	π payr	nent	