## LHIN TRAINING REQUEST FORM

Requests for trainings, conference, or seminars are to be submitted in advance of registration. They are contingent on available funds. These funds are not intended to support professional memberships and do not cover personal development or personal interest courses. Please refer to the LHIN Training Policy for more detail.

Requesting Entity Name:				
Requesting Entity Address:				
LHIN:				
Contact Name:				
Contact Info:	Email:		Phone: ( ) -	
Conference/Training Title:				
Date(s) of Training:				
Training Location [Address, City, State]:				
Total Hours of Training/Conference/Seminar:				
Total Number of Individuals Attending:				
Explain how this training, ser			th GCACH and and how this	
will assist you in furthering your LHIN and/or community.				
Utilize the budget template	on page 2 to provide a co	mplete budget of the fund	ling required for this training,	
conference, or semina	r request. The budget ten	nplate is mandatory to be		
TOTAL COST REQ				
(Total from page 2 budget must matc Cost Requesting from	h line "Total   m GCACH))			
Cost Nequesting nor				
	Review	/Approval		
LHIN Leadership Signature:		Date:		
CCACII Finance America I		□ Ammra::	□ Not Approved	
GCACH Finance Approval (	-und Availability):			
Finance Signature:		Data		
Finance Signature:		Date:		
GCACH Executive Director	Signaturo:			
GOACH EXECUTIVE DIRECTOR	Jigi iatul <del>e</del>			

## TRAINING, CONFERENCE, SEMINAR BUDGET

Category	Cost
Registration Fee:	\$
Hotel/Lodging:	\$
Airfare:	\$
Transportation:	\$
Other:	\$
Number of Personnel Attending:	
Total Training Cost:	\$
Provider Funded Portion:	\$
Total Cost Requesting from GCACH:	\$

If no costs exist for the line, please leave blank.