



Highway Safety Grant Program Training/Travel Request Form

Instructions: Please submit at least 30 days in advance of the training or conference. If approved, this signed form must accompany the Monthly Enforcement Data Reports (MEDRs) (if applicable) and be submitted with the Requests For Payment (RFP) form. Please forward certificates received from training classes to the Program Coordinator.

Grant Number:	Date of Training:
Training Course:	Person(s) Attending:

1. Please place a check by the training you are requesting:

IMPAIRED DRIVING (ID) PROGRAMS

- Datamaster DMT
- SFST
- ARIDE
- DRE Training and Recertification
- Prosecuting the Impaired Driver
- Don't Fear the Darkside & DUI Building Blocks

POLICE TRAFFIC SERVICES (PTS) PROGRAM

- Datamaster DMT
- SFST
- DRE Training and Recertification
- ARIDE
- Speed Measurement Device Operator
- Traffic Collision Investigation – At Scene–Phase I
- Traffic Collision Investigation – Technical–Phase II
- Traffic Collision Investigation – Reconstruction – Phase III
- Prosecuting the Impaired Driver
- Don't Fear the Darkside & DUI Building Blocks
- National Child Passenger Safety Certification

PROSECUTORIAL PROGRAMS

- SFST
- Don't Fear the Darkside & DUI Building Blocks
- Lethal Weapon DUI Homicide
- Prosecuting the Impaired Driver

2. Other Training/Conference: Please attach agenda or course description that includes the cost of registration and any other fees from the Course Provider.

Name of Course:	
Location:	Date(s):
Course Summary/ Description:	
Justification for Attendance:	

Cost of Course:	Notes:
Registration Amount:	Notes:
Travel Amount: (List type of travel and cost details per person (airfare, ground transportation, parking, and mileage)).	
Meals or State Per Diem Amount:	
Lodging Amount: The amount cannot exceed current approved GSA lodging rate of location. For more information, see Per Diem Rates .	
List number of rooms, number of nights, and room rate:	Total Estimated Cost:

Project Director Signature: _____ Date: _____

FOR STATE USE ONLY:

Date: _____

Request Status: Approved Denied

Grants Administration Accountant _____

Highway Safety Grant Program Manager _____