DAVIS BEHAVIORAL HEALTH
Community • Commitment • Change
801.773.7060 www.dbhutah.org

Travel/Training Request Form

Requestor Information

Request Date: _____

Employee Name: _____ Department: Select...

Job Title:

Participation Role: ☐ Attendee Only ☐ Presenter/Speaker ☐ Other:

Purpose of Request:

Event Information

Event Name: _____

Event Location: _____

Dates: _____ to _____

Registration Website: _____

Registration Cost: _____ Early Registration Cost: _____

Registration Deadline: _____ Early Registration Date: _____

CEUs Offered: ☐ Yes ☐ No Total # CEUs: _____ ☐ N/A

Travel Information

Transportation Type:

Departure Date: _____ Preferred Depart. Time: _____

Return Date: _____ Preferred Return Time: _____

Signatures

_____
Employee Signature Date

_____ Approved: ☐ Yes ☐ No
Program Director Signature Date

_____ Approved: ☐ Yes ☐ No
Clinical Director Signature* Date

_____ Date Received: _____
Travel Coordinator Signature Date

*Clinical Director's signature is required for all travel/training requests made by members of clinical programs.