



STAFF TRAINING REQUEST

**** This request should reach your supervisor at least 4 weeks in advance. ****

Policy: All early childhood staff, with regular child contact, shall obtain the required annual professional development hours set forth by Child Care Center Licensing rules, Head Start Program Performance Standards, Great Start Readiness Program requirements, and Great Start to Quality. Early childhood staff may attend outside professional development opportunities to assist with this requirement.

Procedure: Early childhood staff shall complete this form when requesting funds to attend and/or participate in a training/conference, attain a professional membership, or to acquire CEUs. Use of this money requires administrative authorization, which is prompted by this request, and must be submitted to your supervisor 4 weeks in advance. Refer to **Time-Expense-Training** in the **Procedure Manual** for further assistance regarding training funds.

PLEASE COMPLETE ALL FIELDS

EMPLOYEE INFORMATION				
Name:		Job Title:		Date Requested:
Address (to mail registration materials):			State:	Zip Code:
Phone:	Email:	Supervisor:		
TRAINING INFORMATION				
Training Title:			Training Date(s):	
How do the training topics support your PD/individual goals?				
Are center days needed off?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What are your substitute arrangements?		
	#/days:			
REGISTRATION & ACCOMODATION INFORMATION				
Training Registration	Who is completing the registration?	Company/Website/Link:	Professional Membership #:	Training Portal Login Info:
	<input type="checkbox"/> SELF <input type="checkbox"/> PS			
Hotel Registration	Who is completing the registration?	Company/Website/Link:	Note any other travel details here (splitting costs, etc.):	
	<input type="checkbox"/> SELF <input type="checkbox"/> PS			

***** If self-registration, you MUST attach receipts/backups *****

COST BREAKDOWN

Meals & Incidentals - Per Diem

To be eligible for reimbursement of per diem expenses incurred during official travel, the employee must stay overnight. To get the current per diem rates, see the **Lilac Overnight Travel Policy & Per Diem Calculation Sheet**, and **attach a completed copy to this training request**.

City & State of Training:	
TOTAL PER DIEM AMOUNT (LILAC Overnight Travel Per Diem Calculation Sheet)	\$
LODGING / ACCOMODATIONS	Price/night: \$
	# of nights:
MILEAGE TRAVEL EXPENSE	# of miles:
	@ \$.45/mile...
REGISTRATION FEES	\$
MEMBERSHIP RENEWAL/CEU FEES	\$
COMPLETE ESTIMATED TOTAL	\$
NOTES:	

Staff Training Request Checklist

- Supervisor Approval/Initials:
- Education Coach Consulted: YES NO
- Director Approval/Initials:
- Self-registration Receipt(s) Attached
- Lilac Per Diem Sheet Attached
- Blue Check Request/Expense Report Attached

Approved Amount: \$

Verifying Signature: _____



OVERNIGHT TRAVEL PER DIEM CALCULATION

EMPLOYEE INFORMATION			
Name:	Date:	<input type="checkbox"/> Reimbursement <input type="checkbox"/> Reconciliation	<input type="checkbox"/> AUTO <input type="checkbox"/> AIR
		<input type="checkbox"/> RAIL <input type="checkbox"/> OTHER	
Destination:	Purpose:	Begin Date:	End Date:

PER DIEM RATES					
PICK ONE	Destination	Breakfast	Lunch	Dinner	TOTAL
<input type="checkbox"/> 1.	Michigan SELECT city/county	\$10.25	\$10.25	\$24.25	\$44.75
<input type="checkbox"/> 2.	All OTHER Michigan cities	\$8.50	\$8.50	\$19.00	\$36.00
<input type="checkbox"/> 3.	Out-of-state SELECT city	\$13.00	\$13.00	\$25.25	\$51.25
<input type="checkbox"/> 4.	All OTHER out-of-state cities	\$10.25	\$10.25	\$23.50	\$44.00

TRAVEL TIMES			
DEPART	Before 9:00 AM	Between 9:00 AM - NOON	After NOON
	B + L + D	L + D	D
RETURN	Before NOON	Between NOON - 6:00 PM	After 6:00 PM
	B	B + L	B + L + D

Enter travel departure & return times		MEAL(\$)	PER DIEM VALUE	# OF DAYS	TOTAL
Travel Day: Departure	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	1	\$
FULL Day Per Diem		B + L + D	\$		\$
Travel Day: Return	<input type="checkbox"/> AM <input type="checkbox"/> PM		\$	1	\$
*** No meal receipts are required for per diem reimbursement.		TOTAL PER DIEM: Include amount on NMCAA blue expense report			\$

OVERNIGHT LODGING:

- Conference hotel room rates are allowable while attending a conference.
- If travel is not associated with a conference, room rates must not exceed \$85/night (before tax); OR
- Lodging **MUST** be arranged through Conlin Travel: 877-654-2179 or www.somtravel.com
 - Indicate that you are employed with NMCAA, which is a contractor/grantee for the Michigan Dept. of Human Services, and that you do not have a State ID. You will need to provide Conlin Travel with your email address and credit card number to reserve the room. You will need to save and print their confirmation email to you.
- The hotel-issued receipt is **required** for reimbursement. Online confirmations are **NOT** acceptable.

This calculation form, your hotel-issued receipt, and all other receipts associated with your trip (parking, tolls, ground transportation, etc.) must be attached to and itemized on the NMCAA blue expense report. If Conlin Travel made your hotel reservations, their confirmation email to you must also be attached.

Michigan Select Cities/Countries

Cities	Counties
Ann Arbor, Auburn Hills, Beaver Island, Detroit, Grand Rapids, Holland, Leland, Mackinac Island, Petoskey, Pontiac, South Haven, Traverse City	ALL of Grand Traverse, Oakland, and Wayne

Out-of-State Select Cities/Countries

State	Cities/Countries	State	Cities/Countries
Arizona	Phoenix, Scottsdale, Sedona	Massachusetts	Boston (Suffolk), Burlington, Cambridge, Woburn, Martha's Vineyard
California	Los Angeles (Los Angeles, Orange, Mendocino & Ventura counties; Edwards AFB), Eureka, Arcata, McKinleyville, Mammoth Lakes, Mill Valley, San Rafael, Novato, Monterey, Palm Springs, San Diego, San Francisco, Santa Barbara, Santa Monica, South Lake Tahoe, Truckee, Yosemite National Park	Minnesota	Duluth, Minneapolis/St. Paul, Hennepin & Ramsey counties
Colorado	Aspen, Breckenridge, Grand Lake, Silverthorne, Steamboat Springs, Telluride, Vail	Nevada	Las Vegas
Connecticut	Bridgeport, Danbury	New Mexico	Santa Fe
D.C.	Washington D.C., Alexandria, Falls Church, Fairfax; counties of Arlington & Fairfax in Virginia; counties of Montgomery & Prince George's in Maryland	New York	Lake Placid, Manhattan (boroughs of Manhattan, Brooklyn, Bronx, Queens & Staten Island), Riverhead, Ronkonkoma, Melville, Suffolk county, Tarrytown, White Plains, New Rochelle
Florida	Boca Raton, Delray Beach, Jupiter, Ft. Lauderdale, Key West	Ohio	Cincinnati
Georgia	Jekyll Island, Brunswick	Pennsylvania	Bucks county, Pittsburgh
Idaho	Sun Valley, Ketchum	Rhode Island	Bristol, Jamestown/Middletown/Newport (Newport county), Providence
Illinois	Chicago; Cook & Lake counties	Texas	Austin, Dallas, Houston, L.B. Johnson Space Center
Kentucky	Kenton	Utah	Park City (Summit county)
Louisiana	New Orleans	Vermont	Manchester, Montprier, Stowe (Lamoille county)
Maine	Bar Harbor, Kennebunk, Kittery, Rockport, Sandford	Washington	Port Angeles, Port Townsend, Seattle
Maryland	Montgomery & Prince George's counties, Baltimore City, Ocean City	Wyoming	Jackson, Pinedale

NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY

EMPLOYEE EXPENSE REPORT

VENDOR

NAME: _____ CODE: _____ DATE: _____

FOR TRIP MILEAGE REIMBURSEMENT

DATE	Expense Description or Reason for Trip	Expense Amount	FUND	Starting Location	Destination Location	Ending Location (or <i>RT</i> for Round Trip)	Total Trip Miles Traveled

Expense Total \$ -

TOTAL MILES 0
\$0.45 PER MILE \$ -

FUND	ACT	GL	LOC	AMOUNT
0	0	4300	99	\$ -
0	0	4300	99	\$ -
0	0	4500	99	
0	0	4500	99	
0	0	4340	99	
0	0	4340	99	
TOTAL				\$ -

PREPARED BY: _____

APPROVED BY: _____

EMAIL VERIFICATION: _____