



APPLICANT INFORMATION		
<i>If application is for one individual to attend training, please provide name of employee attending training. If application is for multiple people to attend training, please provide an institutional contact from the state archives/territory.</i>		
Name:	Position:	
Institution:		
Street:		
City:	State:	ZIP:
Employee Phone:	E-mail Address:	

TRAINING		
Title of Training/Conference:		
Are funds being used to bring trainers to your institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/> If yes, how many employees will be trained?
Location:		
Street:		
City:	State:	ZIP:
Start date:	End date:	Is this training on the pre-approved list? YES <input type="checkbox"/> NO <input type="checkbox"/>
Event website (if available):		
Briefly describe how you expect to apply the training you will receive to your agency and/or to your job duties? If the training is not on the pre-approved list, please also describe the event. In the event that trainers are being brought on-site, list the instructors and describe how the training will benefit your institution. If more space is needed, please attach additional information to the application.		

EXPENSES			
<i>Please list only those expenses your institution expects SERI to reimburse. SERI will reimburse expenses up to a maximum of \$1,000 per state. This limit does not need to be met all at once, but can be spread out over multiple trainings. If more space is needed, print this page again and attach it to the application. CoSA reimbursement policies will be adhered to for all expense reimbursements. http://www.statearchivists.org/admin/policies/</i>			
Expense	Estimated Cost	Expense	Estimated Cost
Total:			

SIGNATURES

Employee Signature: _____ Date: _____

State Administrator Signature: _____ Date: _____

FOR USE BY SERI

Funding Reviewed By: _____

Approved Denied Date: _____

Remarks: