



**Municipality of Monroeville**

**Professional Meeting/Seminar/Training  
Attendance Request**



Name \_\_\_\_\_ Department: \_\_\_\_\_

Name of Seminar/Training/Meeting: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Seminar/Training/Mtg. \_\_\_\_\_

Travel Cost: \_\_\_\_\_ Budget Balance Available: \_\_\_\_\_

Seminar Cost: \_\_\_\_\_ Budget Balance Available: \_\_\_\_\_

TOTAL Cost: \_\_\_\_\_ Is Overnight Stay Required:      Yes      No

State purpose of the conference - seminar - workshop. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would attendance be of value to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would your attendance be of benefit to the Municipality of Monroeville? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to disseminate information from this conference to your colleagues? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Municipal Manager Signature

\_\_\_\_\_  
Date