

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)												
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identified/FY, Doc./type code/Serial number) N0007604TG040				C. Request Status of Process Code (x one)			D. Amendment No.		
			<input type="checkbox"/> (1) Initial			<input type="checkbox"/> (2) Resubmission						
			<input type="checkbox"/> (3) Correction			<input type="checkbox"/> (4) Cancellation						
Section A – TRAINEE/APPLICANT INFORMATION												
1. Name (Last, First, Middle Initial)			2. 1 st 5 letters of last name		3. Social Security Number			4. Ed. level		5. Continuous Federal Service		
										a. Years	b. Months	
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (include area code)			8. Position Title						
			a. Home									
			b. Office			9. Position Level I(X one)			10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)			
11. Organization Name			(1) Commercial <input type="checkbox"/>			a. Executive						
			(2) DSN <input type="checkbox"/>			b. Manager						
12. Organization Mailing Address (Include ZIP)			13. Organization UIC 00076			<input type="checkbox"/>			14. Type of Appointment			
			16. Are you handicapped or disabled? (X one)			<input type="checkbox"/> Yes <input type="checkbox"/> No			15. No. prior non-government training days			
			<input type="checkbox"/>			<input type="checkbox"/>						
			<input type="checkbox"/>			<input type="checkbox"/>						
Section B – TRAINING COURSE DATA												
17. Course Title												
18. Training Objectives (Benefits to be derived by the Government)						19. Recommended Training Source, School or Facility						
This training is on the Annual Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No						b. Mailing Address (include ZIP)						
This training is on the Individual Development Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No												
20. Course Codes:						c. Location of training site (If other than 19b)						
a. Purpose		4	f. Security Clearance			k. Training Program						
b. Type			g. Allocation Status			i. Reason for Selection			21. Course hours (4 digits)		22. Course Identifiers	
c. Source		3	h. Priority			23. Training Period (YYMMDD)			a. Duty			
d. Special Interest			i. Training Level			a. Start			b. Non-duty			
e. Training Vendor			j. Method of Training		8	b. Complete			c. TOTAL			
									a. SAID			
									b. Catalog/Course No.			
									c. Offering/TLN			
Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)												
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <input type="checkbox"/>												
25. Direct Costs				26. Indirect Costs (For Information Only)				27. Accounting Classification				
a. Tuition Cost				a. Travel Cost				AA1741804.76M1 000 00076 0 068566 2D 00000				
b. Books, material, other costs		\$0.00		b. Per diem/other costs				PAYMENT WILL BE MADE BY THE GCPC (POC:GARY BRINKMEIER, (850)452-4851, FAX (850)452-4966, EMAIL GARY BRINKMEIER@NAVY.MIL)				
c. Total direct costs				c. Total indirect costs				29. Signature of Fiscal Officer (Follow local procedure)				
d. Funding source				28. Labor Costs				MICHAEL M. MERRITT, COMPTROLLER		30. Total of Direct & Indirect Costs: \$1540		
31. Job Order No. 00076404Q00Q												
Section D – APPROVAL/CONCURRENCE/CERTIFICATION												
32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)						32. Training Officer: I certify this training meets regulatory requirements.						
a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			
						MAGLOIRE SERGE			(850)452-2660			
c. Signature and Title				d. Date		c. Signature and Title						
						SUPV HR SPECIALIST, HR DEVELOPMENT						
34. Authorizing Official												
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved			<input type="checkbox"/> (2) Disapproved			<input type="checkbox"/> a. Accepted			c. School Official Signature			d. Date
b. Typed Name (Last, First Middle Initial)			c. Phone number (Include area code)			<input type="checkbox"/> b. Not Accepted						
HARRIS, B. O., LTJG, USN			(850)452-4923									
d. Signature and Title						e. Date						
ADMINISTRATIVE OFFICER												
37. Billing Instructions (Identify discount terms % days.)												
PAYMENT WILL BE MADE BY THE GOVERNMENT CREDIT CARD.												
SEND INVOICES TO:												
NETC (CODE N411)												
250 DALLAS ST												
PENSACOLA FL 32508-5220												
ATTN: MR. JIM KIGHT												
38. Certifying Government Official								a. I certify that this account is correct and proper for payment in the amount of: \$				
b. Signature								Date Signed				
d. DSSN Number				e. Check Number		f. Voucher Number						
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.												