REQUEST, AUTHOR' N, AGREEMENT, CERTIFICATION OF TRAINING A 1BURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number *(xx-xx-xxxx)*

ard document number
rg identifier/FY,Doc./type code/Serial Number)

C. Request S. ass Code *(X one)*

	(1) Initial		(2) Resubmission
	(3) Correction		(4) Cancellation

D. Amendment No.

Section A - TRAINEE / APPLICANT INFORMATION

1. Name *(Last, First Middle Initial)*	2. 1st 5 letters of last name	3. Social Security Number	4. Ed. level	5. Continuous Federal Svc a. Years	b. Months
			HS/SC	4	2

6. Home Address *(Street, City, State and ZIP Code) (optional)*

7. Phone Numbers *(Include area code)*
a. Home
b. Office

8. Position Title: Marketing Assistant

9. Position Level *(X one)*: a. Executive; b. Manager; c. Supervisory; d. Non-Supervisory; e. Other *(Specify)*

10. Pay Plan / Series / Grade / Step *(Rank/MOS/AFSC/or Navy Designator)*: NF-03-00

11. Organization Name: Morale, Welfare, & Recreation

(1) Commercial: 732-532-0953
(2) Autovon

12. Organization Mailing Address *(Include ZIP)*: P.O. Box 69, Fort Monmouth, NJ 07703-0069

13. Organization UIC

14. Type of Appointment: P

15. No. Prior non-government training days

16. Are you handicapped or disabled? *(X one)*: Yes [ ] No [X]

Section B - TRAINING COURSE DATA

17. Course Title: Community & Family Support Management Course

18. Training Objectives *(Benefits to be derived by the Government)*

19. Recommended Training Source, School or Facility
a. Name
b. Mailing address *(Include ZIP)*
c. Location of training site *(If other than 19b)*

20. Course Codes

a. Purpose		f. Security Clearance		k. Training Program	
b. Type		g. Allocation Status		l. Reason for Selection	
c. Source		h. Priority		23. Training Period *(YYMMDD)*	
d. Special Interest		i. Training Level		a. Start	
e. Training Vendor		j. Method of Training		b. Complete	

21. Course hours *(4 digits)*		22. Course Identifiers	
a. Duty		a. SAID	
b. Non-duty		b. Catalog / Course No.	
c. TOTAL		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 →

25. Direct Costs		26. Indirect Costs *(For information only)*	
a. Tuition cost		a. Travel cost	
b. Books, material, other costs		b. Per diem/other costs	
c. Total direct costs		c. Total indirect costs	

27. Accounting Classification

d. Funding source

28. Labor Costs

29. Signature of Fiscal Officer *(Follow local procedure)*

30. Total of Direct & Indirect Costs

31. Job Order No.

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. *(If not, attach waiver.)*
a. Typed Name *(Last, First, Middle Initial)*
b. Phone number *(Include area code)*
c. Signature & Title
d. Date

33. Training Officer: I certify this training meets regulatory requirements.
a. Typed Name *(Last, First, Middle Initial)*
b. Phone number *(Include area code)*
c. Signature & Title
d. Date

34. Authorizing Official
a. Action *(X one)* → (1) Approved [ ] (2) Disapproved [ ]
b. Typed Name *(Last, First, Middle Initial)*
c. Phone number *(Include area code)*
d. Signature & Title
e. Date

35. Course Acceptance *(To be completed by school official)*
a. Accepted [ ]
b. Not Accepted [ ]
c. School Official Signature
d. Date

36. Course Completion *(To be completed by school official)*
a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo →
b. Actual Completion Date *(YYMMDD)*: 010777
c. Grade: P
d. Signature & Title: MWR Senior Instructor
e. Date: 010777

37. Billing Instructions *(Identify discount terms % days.)*
Furnish original invoice and 3 copies to:

38. Certifying Government Official
a. I certify that this account is correct and proper for payment in the amount of $
b. Signature
c. 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.

REQUEST, AUTHOR' I, AGREEMENT, CERTIFICATION OF TRAINING A IBURSEMENT (Abbreviated)

A. Agency code and subelement, and submitting office number *(xx-xx-xxxx)*

dard document number *(Org identifier/FY,Doc./type code/Serial Number)*

C. Request Stat... Process Code *(X one)*: (1) Initial; (2) Resubmission; (3) Correction; (4) Cancellation

D. Amendment No.

Section A - TRAINEE / APPLICANT INFORMATION

1. Name *(Last, First, Middle Initial)*
2. 1st 5 letters of last name
3. Social Security Number
4. Ed. level: HS/SC
5. Continuous Federal Svc: a. Years 4; b. Months 9
6. Home Address *(Street, City, State and ZIP Code) (optional)*
7. Phone Numbers *(Include area code)*: a. Home; b. Office; (1) Commercial 732-532-0953; (2) Autovon
8. Position Title: Marketing Assistant
9. Position Level *(X one)*: a. Executive; b. Manager; c. Supervisory; d. Non-Supervisory (X); e. Other *(Specify)*
10. Pay Plan / Series / Grade / Step *(Rank/MOS/AFSC/or Navy Designator)*: NF-03-00
11. Organization Name: Morale, Welfare, and Recreation
12. Organization Mailing Address *(Include ZIP)*: P.O. Box 69, Fort Monmouth, NJ 07703-0069
13. Organization UIC
14. Type of Appointment: permanent
15. No. Prior non-government training days
16. Are you handicapped or disabled? *(X one)*: Yes; No (X)

Section B - TRAINING COURSE DATA

17. Course Title: Marketing Managers Training
18. Training Objectives *(Benefits to be derived by the Government)*: To increase managers' knowledge through instruction, case studies, hands-on training, role-playing, and practical exercises that facilitate couse learning.
19. Recommended Training Source, School or Facility
    a. Name: MWR Academy
    b. Mailing address *(Include ZIP)*: 6245 Leesburg Pike, Suite 400, Falls Church, VA 22044
    c. Location of training site *(If other than 19b)*: Texas A&M University, College Station, TX
20. Course Codes: a. Purpose; b. Type; c. Source; d. Special Interest; e. Training Vendor; f. Security Clearance; g. Allocation Status; h. Priority; i. Training Level; j. Method of Training; k. Training Program; l. Reason for Selection
21. Course hours *(4 digits)*: a. Duty; b. Non-duty; c. TOTAL
22. Course Identifiers: a. SAID; b. Catalog / Course No.; c. Offering / TLN
23. Training Period *(YYMMDD)*: a. Start; b. Complete

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
25. Direct Costs: a. Tuition cost; b. Books, material, other costs; c. Total direct costs
26. Indirect Costs *(For information only)*: a. Travel cost; b. Per diem/other costs; c. Total indirect costs
27. Accounting Classification
28. Labor Costs
29. Signature of Fiscal Officer *(Follow local procedure)*
30. Total of Direct & Indirect Costs
31. Job Order No.

Section D - APPROVAL / CONCURRENCE / CERTIFICATION

32. Supervisor: I certify training is job related and nominee meets prerequisites. *(If not, attach waiver.)*
    a. Typed Name *(Last, First, Middle Initial)*; b. Phone number *(Include area code)*; c. Signature & Title; d. Date
33. Training Officer: I certify this training meets regulatory requirements.
    a. Typed Name *(Last, First, Middle Initial)*; b. Phone number *(Include area code)*; c. Signature & Title; d. Date
34. Authorizing Official
    a. Action *(X one)*: (1) Approved; (2) Disapproved
    b. Typed Name *(Last, First, Middle Initial)*; c. Phone number *(Include area code)*; d. Signature & Title; e. Date
35. Course Acceptance *(To be completed by school official)*
    a. Accepted (X); b. Not Accepted; c. School Official Signature; d. Date: 2 Nov 01
36. Course Completion *(To be completed by school official)*
    a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo.
    b. Actual Completion Date *(YYMMDD)*: 2001 DEC 14
    c. Grade: P
    d. Signature & Title: INSTRUCTOR
    e. Date: 14 DEC 01
37. Billing Instructions *(Identify discount terms % days.)*
    Furnish original invoice and 3 copies to:
38. Certifying Government Official
    a. I certify that this account is correct and proper for payment in the amount of: $
    b. Signature; c. 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 8 at top of page to assure prompt payment.