

EXECUTIVE DEVELOPMENT TRAINING AUTHORIZATION

PARTICIPANT'S NAME				SSN			
POSITION				ORGANIZATION ADDRESS			
OFFICE TELEPHONE #				PAY PLAN GRADE			
COURSE TITLE				COURSE CODE			
TRAINING VENDOR/COMPLETE MAILING ADDRESS				TRAINING LOCATION (IF DIFFERENT)			
				TELEPHONE # :			
VENDOR TAX ID #				PURPOSE (OF USE)			
	YY	MM	DD	DUTY HOURS		TYPE	
START				NON DUTY HRS		SOURCE	
ENDS				TOTAL		SPECIAL INTEREST	
DIRECT COST (TUITION/REGISTRATION)						INDIRECT COST (TRAVEL/MI&E)	
APPROVALS							
TRAINER OFFICER			TELE #		AUTHORIZING OFFICE		TELE #
SIGNATURE			DATE		SIGNATURE		DATE
COST CENTER:		PROJECT CODE		YREGDOC#			
BILLING INSTRUCTIONS (See Below)				CREDIT CARD		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Federal Bureau of Prisons Central Office Business Office 320 First Street, NW Room 500-2 Washington, DC 20534 ALC # 15 10 0001							

(This form may be replicated via WP)