

**COLORADO DEPARTMENT OF TRANSPORTATION
TRAINING REQUEST**

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|------------------------|--------------|
| Name: | |
| Training course title: | |
| Location: | |
| Instructor/provider: | |
| Length (# of hours): | Class dates: |
| Registration fee: | |

Approval:

| | |
|------------|------|
| Supervisor | Date |
|------------|------|

Please check payment method:

- Prepare purchase order. (Attach copy of application.)
- Prepare voucher for prepayment. (Attach copy of application.)
- Reimburse employee.
- Course provider will bill CDOT.

Note: Please allow sufficient time for obtaining appropriate signatures and processing warrents (# of days).