FORM 1042B (8/11)
PHOTOCOPY AS NEEDED

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPEVISION

REQUEST TO HOLD/CONDUCT TRAINING OR CONFERENCE

TODAY'S DATE _____

1. OFFICE/DIVISION OR FACILITY	2. NAME OF TRAINING OR CONFERENCE.
3. DATE OF TRAINING OR CONFERENCE	4. LOCATION OF TRAINING OR CONFERENCE, CITY/COUNTY

5. PURPOSE OF TRAINING OR CONFERENCE

6. CONFERENCE BENEFITS (Indicate benefits to unit and Department)

7. ANTICIPATED EXPENSES:

a. Lodging $ _____._____

b. Meals $ _____._____

c. Commercial travel $ _____._____ Rental Car Train Bus Plane

d. Special Functions, Banquets, etc. $ _____._____

e. Meeting Room Rental $ _____._____

f. Additional Expenses $ _____._____

8. UNIT HEAD

SIGNATURE/DATE _____

9. DIVISION HEAD

APPROVED DISAPPROVED - Reason if disapproved.

SIGNATURE/DATE _____

10. DEPUTY COMMISSIONER ADMINISTRATIVE SERVICES/SUPERINTENDENT

APPROVED DISAPPROVED - Reason if disapproved.

SIGNATURE/DATE _____

11. DIRECTOR OF BUDGET & FINANCE/ FACILITY STEWARD OR DESIGNEE

FUNDS AVAILABLE FEDERAL FUNDED FUNDS UNAVAILABLE/DISAPPROVE

SIGNATURE/DATE _____