



OREGON-IDAHO HIDTA TRAINING

Course Attendance Request

Course Information (attach course announcement)

Course Title	
Course Date(s)	
Total Training Hours	
Provider Name	
Provider Phone	
Location	

Cost of Training

Tuition	
Materials	
Travel	
Lodging (per diem rate)	
Meals (per diem rate)	
Other (specify)	
TOTAL:	

List Applicants

Name	Agency	E-mail Address	Phone Number

Requesting Supervisor	
Agency/Team Name	
Agency/Team Address	
Agency/Team Phone Number	

For Oregon-Idaho HIDTA Training Initiative Office Use Only:

Request Approved By _____

Budget Year _____