

# RHMR Training Pre-Approval Request

Contract #: \_\_\_\_\_ Contract Agency: \_\_\_\_\_

Requester Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Instructor/Vendor Name: \_\_\_\_\_

	Training/Exercise/Conference	Location	Date(s)	# of participants	Anticipated Costs	FOR CALOES USE ONLY	
						Approved	Not Approved
1.						<input type="radio"/>	<input type="radio"/>
2.						<input type="radio"/>	<input type="radio"/>
3.						<input type="radio"/>	<input type="radio"/>
4.						<input type="radio"/>	<input type="radio"/>
5.						<input type="radio"/>	<input type="radio"/>
6.						<input type="radio"/>	<input type="radio"/>
7.						<input type="radio"/>	<input type="radio"/>
8.						<input type="radio"/>	<input type="radio"/>
9.						<input type="radio"/>	<input type="radio"/>
10.						<input type="radio"/>	<input type="radio"/>
					<b>Total</b>		

Submit request for pre-approval to: [RHMR@caloes.ca.gov](mailto:RHMR@caloes.ca.gov)  
For questions please call: (916) 845-8711

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_