



Requester Name:				Date of request:					
Email:				Telephone:					
Trair	ning/Exercise/Conferenc	e:							
Lodging Location Name		Location	Date(s)	# of occupants	Daily Rate	Anticipated Costs	FOR CALOES USE ONLY		
							Approved	Not Approved	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
Total									
For questions please call: (916) 364-4504 or email us at <u>Csti-fr-training@caloes.ca.gov</u>									
Approved: (For CSTI Staff Only)					Date:				

Contract #: Contract Agency: