



# Arizona Peace Officer Standards and Training Board



## ALLOCATION FUNDING APPLICATION

Instructions at <http://www.azpost.gov/TrainAllocation.htm>

AGENCY NAME: \_\_\_\_\_

NAME/S OF PERSON/S ATTENDING:

Last 4 of SSN:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TITLE OF TRAINING PROGRAM: \_\_\_\_\_

PRESENTING AGENCY/ORGANIZATION: \_\_\_\_\_

LOCATION OF TRAINING: \_\_\_\_\_

DATE/S OF TRAINING: \_\_\_\_\_

**FUNDS REQUESTED FOR:**

REGISTRATION	<input type="text"/>	PERSON/S	@	\$	<input type="text"/>	=	\$	<input type="text"/>
AIRFARE:	<input type="text"/>	PERSON/S	@	\$	<input type="text"/>	=	\$	<input type="text"/>
LODGING:	<input type="text"/>	DAYS	@	\$	<input type="text"/>	X		<input type="text"/>
PER DIEM:	<input type="text"/>	DAYS	@	\$	<input type="text"/>	X		<input type="text"/>
								PERSON/S = \$ <input type="text"/>
								PERSON/S = \$ <input type="text"/>

OTHER COSTS (DESCRIBE):

\_\_\_\_\_ \$

\_\_\_\_\_ \$

**TOTAL FUNDS REQUESTED:** \$

SUBMITTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRAINING COORDINATOR NAME AND SIGNATURE IS REQUIRED**

TRAINING COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR USE BY AZPOST**

REVIEWED/APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FUNDS AVAILABLE TO AGENCY: \$ \_\_\_\_\_

FUNDS ENCUMBERED FOR THIS REQUEST: \$ \_\_\_\_\_

BALANCE OF FUNDS AVAILABLE TO AGENCY \$ \_\_\_\_\_

ACTUAL REIMBURSEMENT AMOUNT: \$ \_\_\_\_\_

DATE OF REIMBURSEMENT: DATE: \_\_\_\_\_