


Date Received	 <p><b>TEXAS A&amp;M FOREST SERVICE</b></p> <p>200 Technology Way, Suite 1162, College Station, TX 77845-3424</p> <p><b>PLEASE RETURN AS AN E-MAIL ATTACHMENT TO TFS TRAINING SECTION</b>  <a href="mailto:rmcdonald@tfs.tamu.edu">rmcdonald@tfs.tamu.edu</a></p>	Date Approved					
Received by:	<b>Training Approval and Cost Worksheet</b>	Approved by:					
TFS guidelines requires this form be completed and submitted to the training section for approval, at least thirty (30) days prior to the commencement of training, in order for document preparationa and materials order/delivery							
<b>Course Information:</b>	Course ID / Title:						
Does this training meet all competencies as prescribed by the certifying/qualifying authority*? <small>* For example NWCG courses must meet requirements as defined in NWCG PMS 310-1</small> <span style="float: right;">[ ] Yes [ ] No</span>							
Certifying / Qualifying authority: [ ] NWCG [ ] TIFMAS [ ] TCFP [ ] SFFMA [ ] Other :							
Classroom Location(s):	Practical Performance Training Location(s):						
<b>PLEASE ATTACH A COURSE SCHEDULE AS NEEDED</b>							
<b>Course Schedule:</b>							
Course Start Date:	Course End Date:	Class Start Time(s):	Class End Time(s):	# Days	# Nights	Total Hrs	
<b>Lead Instructor:</b>	Name 1		Level of Certification				
Employees / Adjuncts	Phone #:	Mobile #:	E-mail:				
	Address:	City:	State:	Zip			
	UIN:	Miles	Hours	Room nights	Breakfast	Lunch	Dinner
<b>Unit Instructors:</b>	Name 2		Level of Certification				
Employees / Adjuncts	UIN:	Miles	Hours	Room nights	Breakfast	Lunch	Dinner
	Name 3		Level of Certification				
Employees / Adjuncts	UIN:	Miles	Hours	Room nights	Breakfast	Lunch	Dinner
	Name 4		Level of Certification				
Employees / Adjuncts	UIN:	Miles	Hours	Room nights	Breakfast	Lunch	Dinner
	ADD ADDITIONAL PAGES AS NEEDED FOR UNIT INSTRUCTORS						



## TRAINING COST QUOTE WORKSHEET

<b>Class Information:</b>			
	# Students	Materials Needed [ ] Yes    [ ] No	Tool Cache Needed [ ] Yes    [ ] No
Additional Information:			
<b>Customer Information:</b>			
Agency/Organization			
Title:		Name:	
Point of contact:			
Phone #:		Mobile #:	
E-mail			
Mailing	Address:		City:                      State:                      Zip:
Shipping	Address		City:                      State:                      Zip:
<b>Authorized Signatory:</b>			
Title:		Name:	
Phone #:		Mobile #:	
E-mail			
Mailing	Address:		City:                      State:                      Zip:

<b>Reimbursement Information:</b>							
Totals							
	Instructor Hours*	Combined Miles**	Room Night		Total Breakfasts	Total Lunches	Total Dinners
*If instructor hours exceed total class hours, explain below or attach a detailed explanation:							
** if instructor miles exceed published round trip distances from home office to venue, explain below or attach a detailed explanation:							

I certify that the information provided in the above quote request is true and correct :

x \_\_\_\_\_ | Date: \_\_\_\_\_

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