



*Employee Investment Program
Supervisor's Request Form*

Name:	Employee No:	Department:	Dept. No.:
Supplier No:		Date(s) of Activity:	
You will be required to request a Supplier No if not already available.		Activity Location:	
Date of Request:		<u>Expenses:</u>	
Activity Title:		Registration _____	
<u>Check One:</u>		Local Mileage _____	
		Transportation _____	
		Lodging Meals _____	
		Other _____	
<u>Fund:</u>	<u>Acct. No.</u>	<u>Amount</u>	Total
Prof/Pers Development	500170	\$120	
Employee Recognition	500171	By Dept/Div	Please attach receipts for all expenses.
Team Building	500172	By Dept/Div	
<p>Please provide justification for requesting this activity and explain its applicability to the Professional/Personal Development, Employee Recognition, and/or Team Building goal(s) established by the Department in accordance with the County's core principals. (Please attach any additional pages as necessary.).</p>			
_____ Employee Signature		_____ Date	
<u>Approvals</u>			
_____ Supervisor or Department Head/Division Director Signature		_____ Date	
_____ Director of HHS Signature		_____ Date	
Approved	Denied/Reason		