

In – State TRAINING COURSE REQUEST

To: TEMA WEST MIDDLE EAST Regional Office

From: _____
Requestor

Course Name: _____

Course Number: _____ Need Instructor Need Books Need Location

Instructor: _____

Adjuncts: _____

Date(s) _____ Time(s) _____ Number of Students: _____

Location: _____
Street Address City County

Travel is requested for _____ for _____ (Requires TEMA STO Approval)
Number of Persons Number of Nights

Date

Signature of Requestor

To: TEMA Training _____ From: WEST MIDDLE EAST Regional Office

Region has books

Region needs books

I have **reviewed** the above request and recommend Approval Disapproval.

Assigned Instructor is: _____

Date

Regional Administrator

Thru: TEMA WEST MIDDLE EAST Regional Office

FROM: TEMA Training

To: _____
Requestor

Date TEMA HQ Training Section - STO

1. The above course is Approved / Disapproved.
2. Travel is Approved / Disapproved
3. Comments: _____

Date Received	Initials	Date
Instructor Verified		
Course Material		
In TMS / Acadis		
On Calendar		
Returned to Region		