

Request For Support Worksheet

- Direct Training Related
- Other Support Need (attach participant needs analysis)

I, _____ CMS# _____ request assistance with:

ITEM	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
Total	\$
CALCULATE WEEKLY GAS ALLOWANCE	
$\frac{\text{_____}}{\text{\# trips per week}} \times \frac{\text{_____}}{\text{\# miles per trip}} \times \$0.20 = \frac{\text{_____}}{\text{weekly gas allowance}}$ <p style="text-align: right;">_____ round to nearest \$10</p>	
Mileage Justification:	

Vendor _____ Phone # _____

Address _____

Other program resources available?

Yes list agency(s) and amount(s) _____
 No

I understand this training/support service must be purchased within 30 days, and will be used to satisfy the needs indicated above.

Participant Signature _____ Date _____

STAFF USE ONLY	ACTIVITY
Support Request \$ _____	Training Enhancement PVS/JSR
Previous PTD Spt \$ _____	ITA OJT
Total Spt To Date \$ _____	Other (Specify) _____
Trainer Approval _____	Training Manager Approval _____
LA <input type="checkbox"/> LD <input type="checkbox"/> LI <input type="checkbox"/> LO <input type="checkbox"/> RR <input type="checkbox"/> NEG <input type="checkbox"/> STATE ED <input type="checkbox"/> OTHER <input type="checkbox"/> _____	