



Travel & Training Approval Form

Part 1: Employee Information & Cost Estimate

Employee Name: _____ Hire Date: _____

Contract Location: _____ Job Title: _____

Project Name/Code: _____ Supervisor Name: _____

Event/Training Name: _____

Training Website Link: _____

Training Dates: _____

Training Cost: _____

Training Location: _____

Requesting: Training Only <input type="checkbox"/>	Travel Only <input type="checkbox"/>	Both <input type="checkbox"/>
Is the Training Company Mandated or Individual?	<input type="checkbox"/> Company Mandated	<input type="checkbox"/> Individual
Is the Customer paying for Mandatory Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Customer paying for Employee's time while at Mandatory Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Estimated Cost Breakdown Instructions

Please itemize the estimated costs associated with your requested travel and training in the provided table below. We understand that costs may vary based on many factors out of the employee's control, however, if the estimated costs increase more than \$200.00 then you must seek secondary approval from the Accounting Department.

Expenses	Estimated Cost
Primary Transportation (airfare, personal vehicle, train, etc.)	\$0.00
Secondary Transportation (taxis, rental car, Uber)	\$0.00 x # of days = \$
Lodging & Taxes	\$0.00 x # of days = \$
M&IE	\$0.00 x # of days = \$
Total Estimated Cost for All Travel Expenses	\$0.00

Expense Report Submission Required

- Post travel, all requests for travel reimbursement must be submitted on an Expense Report pursuant to Improvix's Expense Report Policy.
- Itemized original receipts are required for all expenditures over \$20.00. Receipts for all rental car and lodging expenses must state "Balance Due-\$0.00."



- Improvix will only consider expenses that adhere to GSA Federal Travel Standards. If any employee wishes to exceed those figures, they can either request exemption approval OR they may cover the excess cost themselves.

Part 2: Justification (attach additional information as necessary):

Employees must provide a clear justification regarding the purpose of their travel. Justification must answer these questions:

- What is the purpose of this trip (e.g., conference, work collaborations, training, etc.)?
- How will your participation in the event better serve yourself, your team or program, or the company overall?
- What is unique about the event that justifies the additive cost of registration / travel / fees?
- Explain why attending a local alternative event would not be as beneficial.
- If there are separate registration fees for embedded events such as private seminars or classes, please provide separate justifications for those additive expenses.



Part 3: Post-Training/Travel Actions

Prepared Deliverables

Prior to travel activities, employees must acknowledge that they will be required to showcase what they have learned upon return. Employees should anticipate having content readily available and presentable within a week of their trip. This ensures accountability and that both the employee and Improvix benefits from the travel activities.

Providing Proof of Completion

Once the employee has completed the training or course, and have been notified of the score or result, please send a copy of the certificate of completion to HR. The employee must also update their Individual Training Plan.

Individual Training Evaluation Form

Complete the Individual Training Evaluation Form on the last page, and return to HR.

Travel & Training Reimbursement Agreement

If, for any reason other than an Improvix lay-off, my employment with Improvix terminates within one year from the training/certification reimbursement date, I agree (1) to repay Improvix the full amount of the training/certification reimbursement; (2) that unless I have fully repaid Improvix, I hereby authorize Improvix to deduct the training/certification reimbursements costs from my final paycheck; and (3) that if Improvix requested that I take the referenced training/certification, I will not be required to repay the training/certification costs. If Improvix is forced to take legal action to collect the training/certification costs, I hereby agree to pay all Improvix’s legal fees associated with the collection action.

By applying my electronic signature below, I acknowledge that I have received and reviewed the Training Reimbursement Policy and Application and agree to the terms. I constitute my electronic signature to the same extent as if I had used my written signature.

Employee Signature		Date	
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Improvix Leadership Approval:

By applying my electronic signature below, I acknowledge that I have reviewed this employee’s Training Reimbursement Application and approve. I constitute my electronic signature to the same extent as if I had used my written signature.

Supervisor		Date	
Human Resources Department		Date	
Accounting Department		Date	



Individual Training Evaluation

Employee Name: _____ Date: _____

Program: _____ Position: _____

Supervisor: _____

Title of Training Course, Conference, Bootcamp, etc.	Vendor Name	Classroom or Online?	Cost	Training Dates

Circle the appropriate response to the following questions:

- How likely are you to recommend this course to a friend or colleague?
Not at all likely
Likely
Extremely Likely
- How relevant was the material to your role/position?
Not at all relevant
Relevant
Extremely Relevant
- How engaging was your instructor?
Not at all engaging
Engaging
Extremely engaging
- How would you rate your instructor's knowledge of the material?
Poor
Good
Excellent
- How do you feel about the amount of information presented?
Too Little Information / Not enough
Sufficient
Too Much Information / Overwhelming