

**OFFICE OF STATEWIDE REPORTING AND ACCOUNTING POLICY
VENDOR TRAINING REQUEST FORM**

<i>TRAINEE INFORMATION</i> (please print)		
Name:	Phone:	
SSN:	Fax:	
Department Name:	Agency #:	
Agency Name:	Dates Unavailable for Training:	
Street/P.O. Box:		
City and Zip:		
User ID:		
<i>Place a check (✓) beside the date and course(s) that individual wishes to attend.</i>		✓
Adding Vendors (1day)		
Changing Vendors (1 day)		
Agency Fiscal Officer/Training Coordinator Approval	Date	Phone

Completed forms may be sent by **mail** to:
 Ms. Holly Ketterer
 Office of Statewide Reporting and Accounting Policy
 P. O. Box 94095
 Baton Rouge, LA 70804-9095

Messenger mail: 1201 North 3rd Street – Claiborne Bldg Suite 6-130
FAX: 225-342-0960