

**REQUEST FOR CENTRAL FUNDING SUPPORT - ARMY CIVILIAN TRAINING,
EDUCATION AND DEVELOPMENT SYSTEM (ACTEDS)**
(Read instructions before completing this form)

1. NAME (LAST, FIRST, MI):		2. TITLE/PPLAN/SERIES/GRADE/STEP (or GS equivalent)	
3. EMPLOYING ACTIVITY:		4. MACOM/Region:	5. CAREER PROGRAM / TRACK 34 / 8
6. TRAINING OPPORTUNITY, LOCATION AND DATES:		7. SVC RESOURCE MGMT OFFICE: HQDA	

8. TOTAL PERIOD OF TRAINING: FROM _____ TO _____

9. COST INFORMATION: (For guidance on allowable training expenses refer to FPM 400, Ch 410; AR 690-400, Ch 410; and JTR, Vol. II.)
Complete only those block that t apply to the training program.

9a. ELEMENTS OF EXPENSE	9b. COSTS
(1) TUITION/REGISTRATION	
(2) TRAVEL/TRANSPORTATION	
(3) PER DIEM (ONLY WHEN TDY IS INVOLVED)	
(4) TOTAL	

10. APPROVALS/CONCURRENCES: Authorized activity/MACOM/Region representative must complete the following information, sign and date.

Supervisor:		MACOM/Region Librarian:	
_____		_____	
(Typed Name/Title/Phone #)		(Typed Name/Title/Phone #)	
_____		_____	
Signature	Date	Signature	Date

Prepared By J. Bradley on 11/7/2000
Revised by D. Humphrey 12/12/01