



TRAINING PRE-APPROVAL FOR RESPONSE TEAMS
 OFFICE OF ATTORNEY GENERAL
 BUREAU OF CRIMINAL INVESTIGATION

Training Course (attach course itinerary)	Instructor
Date of Training	Location of Training

Estimated Cost Per Officer

Name	Training Fee/Tuition	# Nights	Motel		# Days	Meals	
			Rate	Total		Rate	Total
Subtotal Per Category							
Total Estimate							

TEAM LEADER SIGNATURE	DEPARTMENT HEAD SIGNATURE
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APPROVED BY BCI / DATE
