

# APSC TRAINING SPONSORSHIP REQUEST

**Provide detailed information regarding your funding request below.**  
**Reimbursement will be awarded following documentation of training completion.**

Date of Request:

Requesting Agency:

Name/Title of Person Completing this Form:

Phone/E-mail of Person Completing this Form:

FILL IN ALL BLANKS BELOW - <i>Provide Detailed Cost/Receipts Description</i>	
AMOUNT REQUESTED:	
SPECIFIC USE OF FUNDING: <b>APSC does not pay per diem</b>	
NAME/LOCATION/DATES (if training course): <small>*see below if training occurs next fiscal year</small>	
Est. Training/Course Hours:	Est. Number of students included in request:
ADDITIONAL INFORMATION (i.e. name and address to send reimbursement check, if applicable):	
<b>Department/Agency/Officer is responsible to pay the vendor/presenter/training event. APSC reimburses the Department/Agency/Officer.</b>	
<b>Agency Head or Training Director Signature/Date:</b>	

*\*\*If requested training occurs during the next fiscal year, approval is contingent upon sufficient funding of APSC appropriated by the legislative process for the next fiscal year.\*\**

Bottom of page for APSC Use Only

APPROVED:

*Reimbursement will be processed following documentation of training completion either in APSC's ACADIS system or through an [F-6](#).*

NOT APPROVED:

Comments: \_\_\_\_\_

Executive Director: \_\_\_\_\_ DATE: \_\_\_\_\_

APSC Coding: 6900-125003000-3000 \_\_\_\_\_ CVN/PVN: \_\_\_\_\_

*APSC Fund 1004*

CIT Coding: 6900-125009000-3000 \_\_\_\_\_

*CIT Fund 1092*

MAIL, EMAIL or FAX to:

Alaska Police Standards Council  
 PO Box 111200 – Juneau, AK 99811-1200  
 Phone: 907-465-4378  
 Fax : 907-465-3263  
[apsc@alaska.gov](mailto:apsc@alaska.gov)