



METS WORKSHOP REQUEST FORM

Requester	
Supervisor	
Date	
Type of Workshop	
Number of Participants	

Purpose of Workshop

TS Objective(s) Met (write out)	
TS Required/Permissible Services Met (write out)	

Budget Information	
Meals	
Transportation	
Guest Speaker	
Other	
Total	

Not Approved

Approved

Approved with revisions:

_____ METS Director Signature

_____ Date

Completed	Step	Due Date
	Finalized Trip Date Sent to Helena Office	
	Participant List Sent to Helena Office	
	Transportation Request Sent to Helena Office	
	Meal Request Sent to Helena Office	
	Signed Program Application and Entered Into Blumen	

Allowable per Title 34, CFR 643.30