



**UNITED STATES DEPARTMENT OF THE INTERIOR
Office of Surface Mining Reclamation and Enforcement**



**NOMINATION and REQUEST FOR PAYMENT FORM for
OSMRE TECHNICAL TRAINING COURSES**

OMB 1029-0120
Expiration Date: 07/31/2019

PART I: NOMINATION FORM		
1. Course Title:	2. Date:	3. Location:
4. Nominee's Name: (Last, First, Middle Name)		5. Nominee's Title:
6. Nominee's Work Phone No.:	7. New Traveler: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Nominee's E-mail Address:	9. Program: <input type="checkbox"/> Title IV - AML <input type="checkbox"/> Title V - Regulatory	
10. Name of Agency:		
11. Official Duty Station: (Complete Overnight mailing Address)		12. Residence: (City and State)
Miles to training site:		Miles to training site:
13. Supervisor's Name:		14. Supervisor's E-mail Address:
15. Supervisor's Mailing Address:		16. Supervisor's Telephone Number:

Please provide your State Training Contact's Name: _____

PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This information is being collected to calculate the type and number of classes and instructors needed to complete OSM's technical training mission, and to estimate costs for our annual budget. We do not use the information for any other internal secondary purpose.

Public reporting burden for this form is estimated to average 5 minutes per response, including the time for reviewing the instructions, gathering and maintaining data, and completing and reviewing the form. Response is required to obtain a benefit. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, OSM, Room 202 SIB, 1951 Constitution Ave, NW, Washington, DC 20240.

PART II : REQUEST FOR REIMBURSEMENT OF TRAVEL AND PER DIEM EXPENSES
(Please note: Only complete this part if you are seeking reimbursement)

17. Requested Mode of Travel:

- Government-owned Vehicle Common Carrier (air) Rental Car
 Privately Owned Vehicle Other (specify)

IF PRIVATELY OWNED VEHICLE (POV) IS CHECKED ABOVE, PLEASE CHECK ONE OF THE FOLLOWING. THIS WILL DETERMINE THE MILEAGE RATE FOR POV USAGE.

- Individual has no access to a government vehicle
 Government vehicle available in pool and individual chooses to use POV
 Government vehicle assigned to individual and individual chooses to use POV

Closest major airport & miles to/from Residence:

One Way:

Closest major airport & miles to/from Office:

One Way:

18. Per Diem Requested For:

- Lodging **Beginning Date:** **Ending Date:**
 Meals and Incidentals

19. Fund Request:

We do not have funds available to pay travel and per diem expenses for the above nominees because:

- Sufficient funds were not made available through legislature's appropriation process.
 As a practice, the State does not provide out-of-state travel authority for the purpose identified above.
 Letter attached.
 Other (please explain briefly):

Please note: Nominations will be accepted only if they are submitted by the Training Contact in your State, Tribal, or OSMRE office. Additionally, to be accepted, nomination must be signed by your supervisor.

Authorized Signature