CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES (Cal OES)

TRAINING

NOTE: Unauthorized alterations will delay the approval of this request.

Siskiyou County
93-00000
2021-0081

Ledger Type	**Initial Application**
Date	04/22/2021

																Approval Cal OES ONLY	Date & Initials (Program Rep)		
Project No.	**Direct / Subaward**	**Course Name**	**Funding Source**	**Discipline**	**Solution Area Sub-Category**	**Expenditure Category**	**Feedback Number**	**Training Activity**	**Total # of Trainee(s)**	**Identified Host**	**Noncompetitive Procurement**	**EHP Hold**	**EHP Approval Date**	**Budgeted Cost**	**Previously Approved Amount**	**Amount This Request**	**Reimbursement Request #**	**Total Approved**	**Remaining Balance**