

**ATTACHMENT B**  
**In Home Supportive Services (IHSS) Training Academy**  
**Travel Reimbursement Pre-Approval Request Form**

Please complete this form and submit it to the IHSSTA at San Diego State University at least two weeks prior to the training start date, at: [IHSS-travel@sdsu.edu](mailto:IHSS-travel@sdsu.edu).

**Ensure all fields are filled out to ensure timely processing.**

Module: \_\_\_\_\_

Training Dates: \_\_\_\_\_

Name of Participant(s): \_\_\_\_\_

Participant Title(s): \_\_\_\_\_

Primary Role: Intake ☐ Reassessment ☐ Supervisory ☐ QA ☐ Other ☐

Length of employment in IHSS Program: \_\_\_\_\_ Years \_\_\_\_\_ Months

Have you taken this training before: No ☐ Yes ☐ How many times? \_\_\_\_\_

County & IHSS county office address: \_\_\_\_\_

County & Training Venue address: \_\_\_\_\_

**Reason for traveling outside of Region:** \_\_\_\_\_

Type of Reimbursement Requested:

Mileage Only: ☐ Lodging Only: ☐ Mileage & Lodging: ☐

Supervisor Approval Obtained: ☐ Yes ☐ No (provide reason) \_\_\_\_\_

\_\_\_\_\_

**Questions and/or concerns may be emailed to [IHSS-Travel@sdsu.edu](mailto:IHSS-Travel@sdsu.edu).**

\_\_\_\_\_

**IHSSTA TO COMPLETE THIS SECTION**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason: \_\_\_\_\_

IHSS Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_