Texas Department of Housing and Community Affairs MANUFACTURED HOUSING DIVISION P. O. BOX 12489 Austin, Texas 78711-2489 (800) 500-7074, (512) 475-2200 FAX (512) 475-1109 Internet Address: www.tdhca.state.tx.us/mh/index.htm

## TRAINING REQUEST AND BILLING STATEMENT

## TYPE OF TRAINING REQUESTED

Installation Standards and Requirements Recording Ownership and Liens (Titling)

Licensing or Private Licensing Education Class

## **REQUESTOR'S INFORMATION**

Requestor's Name:							Da	Date of Training:	
Comp	any Name:								
Address:					Em	ail:			
City:	City:					ΤХ		Zip Code:	
Cell Phone:			Bu	isiness	Phone:				
Locati	ion of Train	ning:							

<b>EXPENSE ITEMIZATION</b> (to be calculated after training is conducted)	AMOUNT
Fares and Transportation:	
Taxi: \$ Air Fare: \$ Car Rental: \$	\$
Personal car mileage (if personal vehicle is used):	
Miles @ \$0.56 per mile (Current Rate As Set by Legislature)	\$
Meals:	\$
Lodging:	\$
Parking:	\$
Other state approved travel expenses (Attach Itemized List):	\$
TOTAL:	\$

FOR AGENCY USE ONLY						
Check #:	Training Conducted By:					

Please make checks payable to the *TDHCA/MHD*. Attach your check to this statement and return to:

## TDHCA/MHD ATTN: Executive Assistant P.O. Box 12489 Austin, TX 78711-2489