

# CIT Funds Pre-Approval Request Form:

Name of Contractor Requesting CIT Funds Reimbursement:

Name and Description of Training Course:

Company or Firm Providing the Training:

Total Amount Being Requested for Training (DOES NOT INCLUDE AGC PROCESSING FEE):

Will the reimbursement invoice be submitted through AGC?:

Date of the Training:

**\*\*If the type of training, cost or date changes, please contact the Civil Rights Bureau regarding the changes immediately\*\***