



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



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

OMB 1029-0120  
Expiration Date: 03/31/2025

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

**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, OSMRE, Room 4556 MIB, 1849 C Street, 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 OSM office. Additionally, to be accepted, nomination must be signed by your supervisor.**

\_\_\_\_\_  
**Authorized Signature**