

You may e-mail this form using the **Submit to CIGIE** button below, which will open your default e-mail program to send as an attachment. Alternatively, you may fax this form to (912) 267-3473. For billing questions, please call (912) 267-3008.

Class Information				
Program Name			Class Number	
Class Location	Class Start Date	Month	Day	Year
Student Information				
Student #1 (Last Name, First Name)				
Student #2 (Last Name, First Name)				
Student #3 (Last Name, First Name)				
Agency Information and Declaration				
Agency OIG				
The above agency agrees to reimburse the CIGIE Training Institute for the actual cost of training services provided. The agency may be billed for tuition if a student fails to report for class (no show) without notification or the training seat is canceled within 10-working days of the class start date. The following are valid reasons for a seat cancellation - mandatory court appearance or serious illness of student or immediate family member. On a case-by-case basis, all other reasons will be reviewed and considered.				
Name of Submitter				
I certify that I am authorized to approve this obligation of funds by my agency. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Costs				
Tuition	Miscellaneous	Lodging	Meals	Total
Payment Information				
Method of Payment <input type="checkbox"/> Purchase Order <input type="checkbox"/> Agency Training Form <input type="checkbox"/> Government Credit Card <input type="checkbox"/> Personal Credit Card				
Credit Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other				
Credit Card Number			Expiration Date	Month Year
State	Zip Code	Treasury Account Symbol (TAS) #		
Purchase Card Holder				
E-mail		Phone (office)	Phone (mobile)	
Privacy Act Information				
<i>Authority:</i> Title 42, U.S.C. 4742; Title 5, U.S.C. 552; F.R. 16586 (March 12, 1981).				
<i>Purpose:</i> Obtaining information from individuals applying for enrollment to an IGICIA training program; used for student registration and program administration purposes.				
<i>Uses:</i> Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis				
<i>Effect of Nondisclosure:</i> Supplying the information is voluntary and is not required by law. Disclosure of your Social Security Number, which is solicited under authority of E.O. 9397, is voluntary and no right, benefit, or privilege by law will be denied as a refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.				
This space for CIGIE use only. Date received				
Notes				

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