



City of Mount Vernon

Travel and Training Request Form

Employee Information

- **Employee Name:** NUCULOVIC, JOHN
 - **Title:** DEPUTY COMMISSIONER
 - **Department:** DEPARTMENT OF PUBLIC
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Travel Details

- **Destination (City/State):** WHITE PLAINS, NY
 - **Purpose of Travel:** TRAINING - NYS CODES
 - **Conference / Training / Meeting Name:** NYS BOC CONFERENCE
 - **Travel Dates (From - To):** 24/25 FEB; 25/26 MARCH 2020
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Travel Justification (Check all that apply)

Please answer the following questions to support the necessity of this travel request:

- ☐ **Is this travel a requirement of your job duties?**
 - ☒ Yes ☐ No
- ☐ **Is this travel required to maintain a professional license or certification?**
 - ☒ Yes ☐ No
 - ☐ If yes, specify certification/license: NYS BOC CEO [NY0346302]
- ☐ **Is this travel required as a result of an audit finding or corrective action plan?**
 - ☐ Yes ☒ No
 - ☐ If yes, identify audit or corrective action plan: _____
- ☐ **Is this travel funded by an external source or sponsorship?**
 - ☐ Yes ☒ No
 - ☐ If yes, identify funding source: _____
- **Additional Justification (if applicable):**

Estimated Travel Costs

- Registration / Tuition: \$ 350.00
- Transportation (Air/Rail/Auto): \$ N/A
- Lodging: \$ N/A
- Meals & Incidentals: \$ N/A
- Other (Specify): \$ N/A

Total Estimated Cost: \$ 350.00
x4

Approvals

Employee Signature:  Date: 16 JAN 2026

Department Head Approval: _____ Date: _____

Finance / Comptroller Approval: _____ Date: _____

Mayor Approval: _____ Date: _____

Council President Approval: _____ Date: _____

Submission of this form does not constitute approval. Travel may not be booked until all required approvals are obtained.