



Continuing Education Form Request for Funds

Name: _____ Date: _____

Address: _____ Church: _____

Seminar Title: _____

Date of Class: _____ Location of Class: _____

Cost of Class: \$ _____

Cost of Required Materials: \$ _____

Per Diem: _____ days @ \$54.00 per day = \$ _____

Travel Expense _____ miles @ \$ 0.56 per mile \$ _____
(current mileage allowance policy if class is one-way 50+ miles from residence)

Total Expenses \$ _____

PAY THIS AMOUNT DI-11603 (Max. total of \$350.00 per year)..... \$ _____

STATEMENT OF PASTOR:

I have attended in full the entire above seminar.
I officially enrolled in the above class and will attend all classes.
The total number of classroom/contact hours I spent in this seminar: _____ hours.

Approved by: _____ Date: _____