



Continuing Education Form Request for Funds

RECEIPTS SHOWING PROOF OF PAYMENT ARE REQUIRED WITH THIS FORM

Name: _____ Today's Date: _____

Address: _____ Church: _____

Seminar Title: _____

Date of Seminar: _____ Location: _____

Cost of Seminar: _____ → \$ _____

Cost of Required Materials: _____ → \$ _____

Travel Expense: _____ → \$ _____

_____ miles at \$0.585 per mile _____ → \$ _____
(current mileage allowance policy if class is one-way 50+ miles from residence)

Lodge: _____ → \$ _____

Per Diem: _____ days at \$54.00 per day: _____ → \$ _____

Total Expenses: _____ → \$ _____

PAY THIS AMOUNT DI-11603 (Max total of \$350 per year) _____ → \$ _____

STATEMENT OF PASTOR:

_____ I have attended in full the entire above seminar.
Initial I will attend the entire seminar.

Approved by: _____ Date: _____