

SOUTHEASTERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
CONTINUING EDUCATION REQUEST FORM

Name: _____ Today's Date: _____

Address: _____ Church: _____

Seminar Title: _____

Date of Seminar: _____ Location: _____

Cost of Seminar: _____ → \$ _____

Cost of Required Materials: _____ → \$ _____

Travel Expense: _____ → \$ _____

_____ miles at .67 per mile _____ → \$ _____
(Current mileage allowance policy if the class is one-way 50+miles from residence)

Lodge: _____ → \$ _____

Per Diem: _____ days at \$ 58.00 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 in full the entire above seminar.
Initial

Approved by: _____ Date: _____

RECEIPTS SHOWING FORM OF PAYMENT ARE REQUIRED WITH THIS FORM