



Office of the Executive Secretary
13405 N Scottsdale Rd, Scottsdale AZ 85254
PO Box 12340 Scottsdale AZ 85267
(480) 991-6777

CONTINUING EDUCATION REQUEST

Name: _____ Date: _____

Church/Department: _____

Who will cover during absence? * _____

Class/Seminar Title: _____

Location: _____

Departure Date: _____ Return Date: _____

These dates do not conflict with any conference required events, i.e. Pastors' Meeting, Camp Meeting, Pastor/Teacher Convention or any other previously scheduled meeting with conference leadership.

If conflict, please explain: _____

Financial: Cost of Class/Seminar _____ \$ _____

Travel Expense: _____ \$ _____

(The lesser of .36 per mile or airfare)

Lodging: _____ \$ _____

Per diem: _____ \$ _____

(\$50/day for 2 or more meals; \$25/half day)

Materials required for Class/Seminar: _____ \$ _____

Total Expenses: \$ _____

No Reimbursement Requested: _____

In Case of Emergency contact: _____

* Senior Pastor/Departmental Director Approval: _____ Date: _____

FOR ADMINISTRATIVE USE

Approved

Not Approved

Administrative Officer

Date

Comments: _____