



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 .50 per mile or airfare)*

Lodging: \_\_\_\_\_ \$ \_\_\_\_\_

Per diem: \_\_\_\_\_ \$ \_\_\_\_\_

*(\$58/day for 2 or more meals; \$29/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: \_\_\_\_\_