



Seventh-day Adventist Church

CONTINUING EDUCATION FORM

ILLINOIS CONFERENCE

Name _____ Date _____

EVENT

| | |
|--|-------------------|
| Date(s) of Event _____ | |
| Departure date _____ | Return Date _____ |
| Description of Event _____ _____ | |
| Location _____ | |
| Instructor(s) _____ | |
| Number of hours Instruction in this Course _____ | |
| Amount requested for this event | \$ _____ |

Note:

- Form must be submitted **at least SIX weeks before the event**. Events requiring more than one week away from work should be requested at least 8 weeks in advance. Last-minute requests will not be considered except in an extraordinary situation.
- International travel requests must be in accordance with NAD C 15. Please allow time for additional paperwork to be completed.

MATERIALS

| | |
|--------------------------------------|----------|
| Item being purchased _____ | |
| Intended use _____ _____ | |
| Amount requested for these materials | \$ _____ |

FOR ADMINISTRATIVE USE

| | | |
|--------------------------|--|-------------------------------------|
| <input type="checkbox"/> | Ministerial Department Approval by _____ | on _____/_____/_____ |
| <input type="checkbox"/> | ADCOM Approval by _____ | on _____/_____/_____ Action # _____ |
| <input type="checkbox"/> | Returned to the Applicant | _____/_____/_____ |
| <input type="checkbox"/> | Sent to the Treasury Department on | _____/_____/_____ |
| | Amount of Financial Assistance to be Allowed* | \$ _____ * |
| | Balance of Continuing Education Funds Remaining: | \$ _____ |

***Receipts must be submitted before funds are distributed**