**Participation in Professional Association Request for Funds**

* E-mail the request for funds to your supervisor 2 to 3 weeks prior to the early bird registration deadline.
* Approved expenses will be reimbursed following the conference.
* The required training documentation form must be submitted to the Federal Relations and Staff Development Coordinator within 6 months of the training.

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Association Conference Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_**

Up to $500 toward travel and registration costs are available for participation.

Up to an additional $500 toward travel and registration costs are available in the following situations:

* If a scholarly output has been accepted through a review process. This could include a poster, presentation, or paper. Only the primary author is eligible for the additional funds. Please attach the acceptance notification to the Request for Funds
* If an elected or appointed leadership role that requires attendance at the professional conference is assumed (i.e. being elected to an officer position in the National Association). Attach documentation of the leadership role to the Request for Funds.

**Previous training requests for current year (October 1 through September 30).**

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| --- | --- | --- | --- |
| **Title** | **Granted** | **Denied** | **Total Dollars**  **Received** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_ |
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**For Office Use Only**

**\_\_\_\_\_\_\_\_** Your request has been granted. You will be reimbursed $\_\_\_\_\_\_ of your costs. **You are responsible for making all travel and training arrangements and covering expenses.** C**all 766-3562 for instructions.**

**\_\_\_\_\_\_\_\_** Your request has been denied. **Rationale: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 7/13/17