

GROUP ACTIVITY

Name: _____ Department: _____

Tel. Local: _____ Email: _____

A. Group activity proposed:

Describe the group activity you would provide /arrange for professionals:

Number of Participants: _____

Proposed date of group activity: _____

Explain how this activity relates to the work of all professionals or a group of professionals:

B. In order to provide the above-mentioned activity, I would need funding for the following reasons:

(Describe in detail, e.g., guest speaker, conference participation, course to take, other expenses)

Total Funding requested \$ _____

Please attach any available literature.	I, the undersigned, understand that if I fail to submit relevant documents on time, reimbursement will not be possible.
Application for approval is required at least one month prior to the activity.	
If approved, deadline for submitting documents pertaining to reimbursement is one month after completion.	_____ Signature
	_____ Date

FOR OFFICE USE		
Amount Approved: _____	Budget Year: _____	Budget Code: _____
Date Approved: _____	To be Paid on: _____ YYYY-MM-DD	
Signature of College Representative: _____	Date: _____	