

**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 <b>one month prior</b> to the activity.	
If approved, deadline for submitting documents pertaining to reimbursement is <b>one month after</b> completion.	_____ Signature
	_____ Date

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