**Pharmacy Education Funds Request Form**

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| **Section I: General event information** | |
| Date of request: |  |
| Employee name: |  |
| Conference/course title: |  |
| Date(s) of event: |  |
| Location of event: |  |
| Please use the space below to describe the value this course will provide to you and others in the workplace: | |
|  | |

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| **Section II: Estimated expenses** | |
| If any parts of this section are not applicable, please indicate so by writing “N/A” | |
| Registration cost: |  |
| Travel cost: |  |
| Lodging cost: |  |
| Food cost: |  |
| Total anticipated cost: |  |

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Management use only** | |
| Date received: |  |
| Date reviewed: |  |
| Approval status: | \_\_\_\_\_\_Yes \_\_\_\_\_\_No |
| Total funds approved: |  |