**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: |  |