

ELCIC Group Services Inc.

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CONTINUING EDUCATION PLAN (CEP) SHORT TERM STUDY PAYMENT AUTHORIZATION

Applicant Information

Member name:	<i>Last</i>	<i>First</i>	Member number:	
Employer (Congregation) name:				

Short Term Study Information

Course title:						
Name of organization providing course:						
Type of course:	<input type="checkbox"/> credit course <input type="checkbox"/> non-credit course <input type="checkbox"/> workshop/seminar	<input type="checkbox"/> self-directed study <input type="checkbox"/> ELCIC educational event <input type="checkbox"/> other (please specify): _____				
Date of study leave/course from : to	<i>Day</i>	<i>Month</i>	<i>Year</i>	<i>Day</i>	<i>Month</i>	<i>Year</i>

Costs

Registration fee:		<p><i>For reimbursement of fees or expenses all receipts must be attached.</i></p> <p><i>In the case of car travel please note the distance in kilometres driven. GSI will complete the calculation based on the current Canada Revenue rate.</i></p>
Travel expenses: <i>(airfare, taxi, tolls, parking etc)</i>		
Car travel _____kms x CRA rate		
Accommodation and meals expenses:		
Total amount requested		
Cheque to be made payable to:		
<input type="checkbox"/> Member <input type="checkbox"/> Organization providing course – please include registration form with address of the organization.		

Authorization

Member's signature _____	Date	_____
		<i>Day Month Year</i>
Employer's (Congregation) signature _____	Date	_____
		<i>Day Month Year</i>
Title of signer _____		
Bishop's signature _____	Date	_____
		<i>Day Month Year</i>