

ABATE of Washington State Funded Travel & Training Request

Meeting/Training:

Date(s):

Member Name / Member # / Phone #:

What goals will this accomplish?

How will the mission of ABATE of Washington be enhanced?

How will information gathered be reported?

Requested Funds

Travel:

Accommodations:

Meals:

Total funds requested: \$

Date Submitted:

Chapter Coordinator Signature & Recommendations:

State Secretary - Date Received:

Executive Committee

Approved

Denied

APPROVAL PROCESS MUST BE COMPLETED PRIOR TO INCURRING TRAVEL EXPENSES

Revisions approved by July 29, 2007 BOD