**ABATE of Washington**

 **State Funded Travel & Training Request**

Meeting/Training: Date(s):

Member Name *I* Member# *I* 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