NAME:________________________________________________________

PARISH:_______________________________________CITY:__________________

I am requesting that funds be disbursed from my Diocesan Continuing Education account in support of my participation in the following Continuing Education event:

(indicate title of course, dates, location and purpose. Attach brochure or course description if possible)

Cost. (List payee and address for each check to be issued. If check is to be issued directly to you, please attach receipts or other itemized documentation of your continuing education expense)

Signed: _______________________________ date: ________________________

Mail to:
Bishop of Alabama
Episcopal Diocese of Alabama
521 20th Street North
Birmingham, AL 35203

Approved: _______________________________
Diocesan Bishop of Alabama
date: _______________________________