

# Request for Congregational Care Leadership Training Funds

Date of Conference or Seminar \_\_\_\_\_ Location \_\_\_\_\_

Name of Conference or Seminar \_\_\_\_\_

**Names of RRNC leaders who will be attending:**

**RRNC Ministry Area:**

_____	_____
_____	_____
_____	_____
_____	_____

**Estimated Cost of Attending:**

Seminar fees \_\_\_\_\_

Travel \_\_\_\_\_

Lodging \_\_\_\_\_

Materials \_\_\_\_\_

Other \_\_\_\_\_

Note: The participant may be asked to pay a portion of the costs.

Total Cost \$ \_\_\_\_\_ Amount Requested \$ \_\_\_\_\_

**Your expectations in attending this conference and benefit to the ministry of RRNC:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Deacon Board Approval: \_\_\_\_\_

**Note: Upon approval, please attach this form to the RRNC Expense Claim Form and submit it for reimbursement to the Finance Secretary**