



SEVENTH-DAY  
ADVENTIST®  
CHURCH

Alberta Conference

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## Professional Development Expense Report

Pay to: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date	Course Description-Title	Amount	GL# (Office use)
<b>Total Amount</b>			

*Please Attach Receipts*

### Course Information

Credits/Hrs: \_\_\_\_\_ Date: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov/State: \_\_\_\_\_ PC/Zip \_\_\_\_\_

Must be pre-approved by Superintendent of Education prior to taking the Course

(Office use)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_