

**Saskatchewan Association of
Speech Language Pathologists and Audiologists**

**Request for Professional Development Funding
by Standing Committee Chairs**

NAME: _____

ADDRESS: _____

CITY/TOWN/POSTAL CODE: _____

COMMITTEE: _____

Part One (to be completed at the when funds are requested):

Outline your request for professional development funds and the approximate costs:

Signature: _____ Date: _____

Complete this section of the form and submit it to:

SASLPA Treasurer
SASLPA office,
Suite #11, 2010 7th Avenue
REGINA, SK S4R 1C2

This application has been: <input type="checkbox"/> approved <input type="checkbox"/> rejected
Signature: _____ Date: _____
(this box is completed by the Treasurer)

(Part Two of this form is on the reverse side)

**Request for Professional Development Funding by Standing
Committee Chairs**

**Part Two (to be completed after funds are approved and professional
development is completed):**

List actual costs of professional development:

Item	Amount

Please indicate how these costs are to be paid:

_____ I have paid for these expenses and have attached all applicable receipts.

_____ I am requesting that SASLPA pay these costs directly and have attached all applicable invoices.

Signature: _____ Date: _____

SEND THIS COMPLETED FORM TO:

SASLPA Treasurer
SASLPA office,
Suite #11, 2010 7th Avenue
REGINA, SK S4R 1C2

For Treasurer's use: Authorized by: _____ Paid by cheque #: _____ Date paid: _____ Paid to: _____
