**PA WAP CONTINUING EDUCATION APPROVAL REQUEST FORM (July 2018 - June 2019)**

**Participant Name:**

**Email Address:**

**Phone #:**

I am a PA WAP employee or subcontractor of the following Agency:

PA WAP subcontractors, list your company name:

**Trip Information:**

Name of Continuing Education Opportunity:

Name of Training Vendor:

Destination (city, state): Travel Start Date: Travel End Date:

Departing from (city, state): Mode of transportation:

**Estimated Expenses:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount:</th>
<th>Amount:</th>
<th>Amount:</th>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Fee:</td>
<td></td>
<td></td>
<td></td>
<td>Other Non-travel Expense 1:</td>
</tr>
<tr>
<td>Certification Exam Fee:</td>
<td></td>
<td></td>
<td></td>
<td>Other Non-travel Expense 2:</td>
</tr>
<tr>
<td>Training Material Fee:</td>
<td></td>
<td></td>
<td></td>
<td>Other Non-travel Expense 3:</td>
</tr>
</tbody>
</table>

Total Anticipated Expenses: $0.00

**COMMENTS:**

Signature of Participant: Date Submitted for Approval:

Signature of PA WAP Agency Wx Director/Coordinator:

Email this form to nssc@pct.edu to receive pre-approval before incurring any expenditures. Approval may take up to 5 business days.

DCED / NSSC USE: Authorizing Approval Signature:

Approved (Yes or No):

Date Authorized: