



Women in 2 Healing

Request for Professional/Research Development Funds

Date: _____ Name: _____

Date(s) of PD Event: _____ Location of PD Event: _____

Details: _____

Women in2 Healing Financial Committee to complete:		
Other PD Requests this Fiscal Year:	_____ Yes _____ No	If yes, amount spent _____, available _____

Request to attend a event:				
Event Type	Name of Event/Organization	Role	Amount Requested	Info Attached Y/N

- Notes:
- o Professional development funds must not exceed \$1000/person/fiscal year.
 - o Completed PD form with attachments and Travel Form must be returned to the Women in2 Healing Financial Committee.