

CUPFA – PROFESSIONAL DEVELOPMENT – PROPOSED BUDGET

Applicant:		Employee #:	Concordia Email:
Faculty:	Department:		Date: YYYY-MM-DD

CONFERENCES, WORKSHOPS, TRAINING

(If necessary, please complete travel form as well)

Name of Conference, Workshop or Training

Location

Start Date : YYYY-MM-DD

End Date: YYYY-MM-DD

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Registration, Materials, etc

Itemized Description	Amount	Awarded (for committee use)
TOTAL →		

TOTAL
Requested

TOTAL
Awarded

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Grand TOTAL (all forms)

Requested

Awarded

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