MEDAL FUND GRANT REQUEST

MEDAL Fund Staff Development Committee

(Email this request to Medal.Fund@millersville.edu or mail completed form to Michael McDowell in Information Technology)

Name:		Submission Date:			
Department:		Telephone Extension:			
Email Address:					
Date(s) of Event: Name and Location of M	Meeting:				
I hereby attest that I do	eby attest that I do have my supervisor's approval to attend this event. <i>Initial</i> :				
Type of Event:	Conference	Convention			

Traditional Training (Seminar, Classroom-Based Instruction, etc.)

Non-Traditional Training (Web Event, Computer Based Training, etc.)

Event Costs	Total Cost	University or Department Funded	Requested MEDAL Fund Grant
Event Fee			
Travel			
Lodging			
Meals*			
Miscellaneous*			
Totals			

* Meals and Miscellaneous items to be calculated based upon University accepted per diem and mileage allowances.

How will this event benefit you in the performance of your job? (e)((e))calculated based upon 86Td9.028y yo0(t)(1)9(1)9(1)9(1)9(3)7)0(3)Tf0.80005489TE.8