

**CENTRAL ONTARIO DISTRICT
ALLOWANCE REQUEST FORM**

Name _____ Position _____

ADDRESS _____

I am requesting the Allowance for the:

Attendance at the training sessions provided at the International Convention

Signature: _____

SIGNATURE NOT REQUIRED IF E-MAILED

The entitlement must be requested prior to September 30, 2017.

Please return the completed form to:

District Secretary/Treasurer:

Denise Nacev
3005 Headon Forest Drive
Burlington, ON L7M 3Y2
dnacev@bell.net

For Office Use Only:

Budgeted: _____ - Issued _____ = Remaining _____

Paid by Check # _____

Approved by Governor _____