

# South Central Region

Association for Clinical Pastoral Education, Inc.

CHECK	
DATE	
AMOUNT	

NAME \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## TRAVEL

DATE	TO	FROM	TYPE (AIR/AUTO)	AMOUNT

## LODGING

DATE	HOTEL	AMOUNT

## MEALS

DATE	BREAKFAST	LUNCH	DINNER	AMOUNT

## MISCELLANEOUS

DATE	DESCRIPTION	AMOUNT

## CHARGE TO

	COUNCIL
	ACCREDITATION
	CERTIFICATION
	STANDARDS

	PROFESSIONAL ETHICS
	REGIONAL CONFERENCE
	REGIONAL DIRECTOR
	MISCELLANEOUS

COMMITTEE CHAIR \_\_\_\_\_ DATE \_\_\_\_\_

MAIL TO: Stuart A. Plummer  
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