



**PLUMBING-HEATING-COOLING CONTRACTORS
NATIONAL AUXILIARY**

**PHCC NATIONAL AUXILIARY EDUCATION EXPENSE GRANT
APPLICATION**

Name of Applicant _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. _____ SS# _____

Name of Employing Firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No. _____

Applicant's Position with firm: _____

Length of Employment with firm: _____

Name of Education Function: _____

Location of Function: _____

Date of Function: _____

Attach letter to this application:

Send this application to:

Patricia Blank
495 Kennedy Rd
Buffalo, NY 14225
Telephone: 716-668-5760
Fax: 716-893-1992
Email: patphcc@verizon.net

**ALL APPLICATIONS MUST BE COMPLETED AND SUBMITTED 21 DAYS
PRIOR TO THE FUNCTION.**



RULES FOR PHCC NATIONAL AUXILIARY EDUCATIONAL EXPENSE GRANTS

1. The applicant must work for a PHCC-National Association current active member.
2. The Expense Form Grant applications will be accepted for PHCC Programs.
These programs are:
 - Educational Foundation Project
 - Enhanced Group Business Operations ProgramsAnd programs as approved by the PHCC National Auxiliary Executive board.
3. You may **not** submit a request for an Expense Grant to attend the National Convention.
4. The applicant may receive only one grant.
The maximum reimbursement will be \$1,000.
5. The applicant's employer must submit a letter of recommendation. If self employed, a letter of intent from the applicant must be submitted.
6. The application should be completed and submitted a minimum of TWENTY-ONE days prior to the start of the function.
7. All receipts must be submitted to the National Auxiliary Treasurer along with a completed Expense Form for reimbursement. Funds will be reimbursed within 60 days after the verification of attendance is received by the Treasurer.
8. The PHCC Auxiliary Executive Board will judge all applications and their decision is final.
9. The grant is to help defray the cost of registration, airfare or ground transportation to and from the function, lodging, and meals, for the attendee, which are not provided at the functions, but not to exceed \$1,000.00. The grant will not cover alcoholic beverages, parking or the use of a rental car.
10. Non-compliance of any listed rules will disqualify the applicant.



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**PHCC NATIONAL AUXILIARY EDUCATIONAL GRANT EXPENSE
VOUCHER**

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

o	LODGING*	\$	_____
o	MEALS* (Not covered by functions)	\$	_____
o	AIRFARE*	\$	_____
o	MILEAGE* _____ @ \$.445 per mile =	\$	_____
	(If not flying)		
o	TAXI/SHUTTLE* (To and from hotel only)	\$	_____
	TOTAL EXPENSES	\$	_____

****SAVE ALL RECEIPTS - MAIL EXPENSE VOUCHER AND RECEIPTS TO:**

Jorja Dickemann
9 Dean Park Place
Glen Carbon, IL 62034 Telephone: 618-288-5910
Fax: 618-288-5004
Email jorja_dickemann@charter.net

Do not write below this line!

Authorized by:

Date: _____

Authorized amount: \$ _____



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NATIONAL AUXILIARY**

PHCC NATIONAL AUXILIARY GRANT PROCESSING INFORMATION

Date _____ Location of Enchanced Group _____

Meeting: _____

Attendee Information:

Name: _____ Company _____

Address: _____ State _____ Zip Code _____

Phone: _____ Fax: _____ E-mail: _____

Attendee profile (e.g. foreman, business owner, middle manager, technician etc.)

Do you feel that you have acquired new skills and abilities that were outlined in the seminar or curriculum? _____

If no, please explain: _____

Did the training meet your needs /expectations: Yes _____ No _____

What new topic would you like to see in the future? Is there a topic that needs to be covered more in depth?

Any comments you may have that were not covered in the above questions?

Please include this page along with your Education Expense Voucher for your grant refund and mail to:

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Glen Carbon, IL 62034
Telephone: 618-288-5910
Fax: 618-288-5004
Email jorja_dickemann@charter.net



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ATTENDANCE CONFIRMATION

Dear Seminar (Conference) Leader,

Please sign below to confirm that _____ was in
attendance at your functions on _____.

Signed: _____ Date: _____

Thank you for your prompt attention to this matter

Please return this paper to:

Jorja Dickemann

9 Dean Park Place

Glen Carbon, IL 62034

Telephone: 618-288-5910

Fax: 618-288-5004

Email jorja_dickemann@charter.net