



TEACH ABROAD PROGRAM DISCOUNT

Employee - Please complete the information in the first section below.

Program Name _____			
Program Attendee _____	Relationship to Employee (if applicable) _____	Program Term _____	Home School _____
Employee Name _____	Employee Signature _____	Date _____	

For Finance Use:

___ Approved -	Full Program Cost _____	Discounted Program Cost: _____
___ Denied (reason: _____)		
Finance Team Member Name _____	Finance Signature _____	Date _____