



## Default Prevention Pre-Approval Form

Institution Name:		
Contact Name:		Fax Number:
E-mail:		Date:
Activity Name:		
Description of Request:		
<b>Estimated Cost:</b>		
Speaker Fee		Description:
Travel Expense		
Reservation Fee (ex. place to hold a seminar)		
Food/Beverage		
Printing/Copying Fees		
Supplies		
Other (Please describe)		
<b>TOTAL</b>		
<p>.....</p> <p>For MDHE Default Prevention Staff Only</p> <p><input type="checkbox"/> Approved by: _____ Date: _____</p> <p><input type="checkbox"/> Not Approved. Recommend the following changes:</p>		
<p>Disclaimer: Event must be performed as described to ensure pre-approval will result in reimbursement.</p>		