



Professional Development Funds Request

CONTACT INFORMATION:			
Employee Name			
Department/Division			
Phone/Extension			
Email Address			
Supervisor Name		Phone/Extension	

ACTIVITY INFORMATION:	
Title of Activity	
Date(s)	
Location/Address	
Are you a presenter/panelist/organizer?	
Brief description of Activity <u>(attach brochure/flyer/agenda)</u>	

ESTIMATED EXPENSES:	
Registration/Workshop/Training Fees	\$
Hotel Accommodations	\$
Travel (airfare, mileage, etc.)	\$
Meals	Breakfast: \$ (# _____ of meals x \$14) Lunch: \$ (# _____ of meals x \$16) Dinner: \$ (# _____ of meals x \$30) TOTAL \$ (not to exceed \$60/day)
Miscellaneous (rental car, taxi, etc.)	\$

FUNDING SOURCES:

Classified Senate Professional Development \$800.00 maximum for full-time employees. \$400.00 maximum for part-time employees.	\$	Work tags:
Department Funds Approval Signature	\$	Work tags:
Other Funds (Grants, School/Dept.) Approval Signature	\$	Work tags:
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TOTAL REQUESTED FUNDING:	\$	

Employee Signature		Date
Supervisor Signature		Date

FOR OFFICIAL USE ONLY

Application approved by committee* _____ YES _____ NO

If denied, please list reason: _____

Chair Signature: _____ Date: _____

Treasurer Signature: _____ Date: _____

Spend Authorization #: _____

Expense Report #: _____

* If the requestor is a committee member, the Classified Senate President will serve as committee member in their place for approval process.

** If the requestor is the chair, the Classified Senate President will serve as a committee member in their place for approval process and signature.