

APPLICATION FOR STAFF DEVELOPMENT FUNDS
2008-2009

Name Last First Phone /Ext. Date

Check One: [] Full-Time Faculty [] Classified

Name & Location of conference, meeting or workshop

Sponsor of conference, meeting or workshop

Dates of conference, meeting or workshop

PLEASE SELECT YOUR ROLE IN THE EVENT:

- PRESENTER (please attach appropriate documentation regarding presentation. If you are submitting your request for funds electronically, please provide the organization's URL identifying you as a presenter.
PARTICIPANT (please attach a copy of the conference/meeting. If you are submitting your request for funds electronically, please provide the organization's URL identifying the meeting/workshop.

COST OF THE EVENT:

Travel \$
Lodging \$
Meals \$
Registration fee \$
Other (please specify) \$
TOTAL COST: \$

AMOUNT TO BE PAID BY OTHER FUNDS:

Grant \$
Organization \$
Categorical Funds (e. g., VATEA) \$

ADDITIONAL AMOUNT TO BE PAID (PLEASE CHECK ONE): [] PERSONALLY [] BY DEPARTMENT

SIGNATURE OF BUDGET ACCOUNT MANAGER DATE

DEPT. BUDGET ACCOUNT #:

TOTAL AMOUNT APPROVED BY STAFF DEVELOPMENT: \$

Signature of Requestor Date

Immediate Supervisor Signature Date Recommend Not Recommend
Staff Dev. Chair Signature Date Recommend Not Recommend
Supt/President Signature Date Approve Disapprove

SUBMIT APPLICATION TO MARY PRINGLE, FISCAL SERVICES

Note: Please attach a completed Travel Authorization form. This is necessary to approve your travel and to reimburse you for any approved incidental expenses, such as mileage, meals, etc.

ON THE REVERSE SIDE OF THIS FORM, PLEASE PROVIDE A BRIEF EXPLANATION OF WHY YOU WISH TO ATTEND THIS CONFERENCE/TRAINING