

**Faculty Professional Development Reimbursement Form**  
**(not for Travel or Professional Activities Program)**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Init.: \_\_\_\_\_

L#: \_\_\_\_\_ Extension: \_\_\_\_\_ Dept: \_\_\_\_\_

FPD Program (e.g. Teaching Squares, FIGs, etc): Teaching Squares

Home address: (Finance mails reimbursements here.) \_\_\_\_\_

List Expenses:	Amount:	For Coll Fin. Use:
Per diem rate _____ x _____ (# of faculty members)=		
<b>Total:</b>		

Additional Comments:

Date/Month of Expense: \_\_\_\_\_

Location: Eugene, OR

**FPD Award Amount: \$26 per person = maximum**

\*Signature of employee \_\_\_\_\_ date \_\_\_\_\_

\*I certify that the expense as itemized above has been made in performance of official Grant or College duties, all in accordance with Lane Community College policy and grant requirements.

**For FPD Use:**

FOAP: 111100-475600-614200-210000      FOAP:

FPD budget authority signature      date

Vice President Signature      date