

(Part A – before activity) FPD Professional Activities Application Form

Last name: _____ First name: _____ Middle Initial: _____ L#: _____

Faculty Status: ___ part-time ___ contracted If part time, is your annual average FTE at least 0.2? ___yes ___no Phone: _____

Requested amounts:			Totals
Per diem for travel days	Per diem for location for travel days :	x ___ # of travel days (usually 2) =	
Per diem for full days	Per diem for location for full days :	x ___ # of full days =	
Registration Fee			
Lodging	Daily rate including tax:	x ___ # of nights =	
Airfare			
Private auto miles	Miles:	x ___ current rate =	
Grnd. Transportation	List: (i.e. rental, shuttle)		
Parking	List:		
Materials, Miscellaneous	List:		
Total Request:			

Additional note: (Do you have funds from other sources? If so, what source?)

Activity Purpose: Outline the activity and what you intend to do at the event if granted Professional Activities funds. Please write at least one paragraph to explain what you will do, what sessions (or types of sessions) you plan to attend, etc . if awarded funding.

What new and improved skills and knowledge will you acquire through the leave, and how will you use these skills apply to your position?
Please write at least one coherent paragraph describing the specific skills and knowledge you will acquire from your leave if awarded.

Did you submit hardcopy documentation such as conference brochure or online information? ___ yes ___no, but I will within 1 business day.

I have spoken with my Division Dean: ___ yes ___no Name of Dean: _____

Note: Although not required, it is generally a good idea to inform you Division Dean of your award. It is assumed that you will make arrangements for someone to cover your classes in your absence even though the grant cannot pay for backfill. In most cases a colleague can cover your classes or another alternative solution can be arranged.

Applicant Signature: I understand that inaccurate or incomplete verification or documentation may result in a delay, reduction, or denial of funds. I understand that I must submit hardcopy documentation such as a conference brochure or information printed from online at the time I submit this form. Note that typing your name into the field below will constitute an electronic signature and your agreement with the clauses above.

Applicant Signature date_____
FPD Award Amount: (for FPD use)_____
FPD budget authority signature date

(Part B – before activity) Faculty Professional Development Reimbursement Form

Last name: _____ First name: _____ Middle Init: _____ L#: _____

Email address: _____ Extension: _____ FOAP(if dept. shares cost): _____

Division: _____ FOAP: 111100-475200-614450-21000

Mailing address: _____

Event: _____ Event Location: _____

Date(s) of Expense: _____ FPD Award Amount: _____

Expenses incurred to be reimbursed by Finance now (before activity): List exact amounts and attach receipts.

Expense Description:	Amount:	For Finance Use:
Total:		

Expenses to be charged on an FPD credit card now: (For registration, attach completed registration form. For hotel, attach hotel information and confirmation number. **For airfare, purchase and include above as incurred expense.)

** If you are unable to purchase your airfare, the College can pay for airfare directly if you reserve with Azumano Travel at 800-777-2018.

Expense to be charged on FPD credit card:	Amount:	For FPD Use:
Total:		

(Part C – after activity): Reconciliation after travel

(Attach original, detailed receipts. Receipts not necessary for parking < \$75, ground transportation < \$75, or meals.)

Actual Expenses			Totals
Per diem for travel days	Travel day per diem : _____	x _____ # of travel days (often 2)	
Per diem for full days	Full day per diem : _____	x _____ # of full days =	
Less 25% per meal provided @ event	Full day per diem: _____	x 25% x _____ # meals provided	
Registration Fee			
Lodging including tax	Daily rate: _____	x _____ # of nights =	
Airfare			
Private auto miles	Miles: _____	x _____ current rate =	
Ground Transportation	List: _____		
Parking	List: _____		
Materials, Miscellaneous	List: _____		
Total Actual Expenses			
Less amount that exceeds award			
Less expenses already reimbursed			
Less amount charged on FPD card			
Total Reimbursement Due			

*Signature of employee _____ date _____ FPD budget authority signature _____ date _____ Vice President Signature _____ date _____

*I certify that the travel expense as itemized above has been made in performance of College duties, all in accordance with Lane Community College policy.