

FPD Professional Activities Application Form (Part A)

Last name: _____ First name: _____ Middle Initial: _____ L#: _____
 Faculty Status: ___ part-time ___ contracted If part time, indicate FTE. Summer: _____ Fall: _____ Winter: _____ Spring: _____

Requested amounts:			Item 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:	x ___ # of nights =	
Airfare			
Private auto miles	Miles:	x ___ current rate =	
Grnd. Transportation	List: (i.e. rental, shuttle)		
Parking	List:		
Materials	List:		
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	FPD Award Amount: _____ (for FPD use)	_____ FPD budget authority signature
date		date

Faculty Professional Development Travel Reimbursement Form (Part B)

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

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

Home address: (College Finance will mail reimbursements to this address.) _____

Conference, Course, or Trip: _____

Date/Month of Expense: _____ Conference Location: _____ FPD Award Amount: _____

Would you like FPD to charge any expenses for you on an FPD credit card now? ____ yes ____ no (If yes, please list in the table here and arrange this with FPD Administrative Coordinator, Roxanne Young at youngr@lanecc.edu or 541-463-3655)

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

Would you like the College to pay any expenses directly? ____ yes ____ no (If yes, list here and attach necessary documents.)

Lodging to be paid now by College Finance:

Registration fee to be paid now by Coll. Finance: (attach completed reg. form)

Name: _____ Confirmation # _____ Name: _____

Address: _____ Address: _____

For College Finance Use: Check No. and date	REG	HTL PP
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Expenses incurred already to be reimbursed by Coll. Finance now: List expenses, exact amounts, and attach receipts:

Expense to be reimbursed by College Finance:	Amount:	For Coll. Finance Use:
Total:		

Cash Advances:

Advance Amount (Advances processed 2 weeks prior to travel; checks mailed to home)	Amount:	For Coll. Finance Use:
Are you requesting an advance? ____ yes ____ no		

(Part C) Reconciliation after travel: (Please attached original detailed receipts. Receipts are not necessary for parking < \$75, ground transportation < \$75, or for meals if per diem rates are used.)

Items			Item totals
Per diem for travel days	Per diem for travel days :	x ____ # of travel days (usually 2) =	
Per diem for full days	Per diem for full days :	x ____ # of full days =	
Registration Fee			
Lodging	Daily rate:	x ____ # of nights =	
Airfare			
Private auto miles	Miles:	x ____ current rate =	
Ground Transportation	List:		
Parking	List:		
Materials	List:		
Miscellaneous	List:		
Total			
Less Amount that exceeds FPD award (if any)			
Less Expenses already paid by Coll. Finance			
Less Expenses already paid by FPD p-card			
Less Cash Advance			
Total Reimbursement Due:			

Additional comments:

*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 official Grant or College duties, all in accordance with Lane Community College policy and grant requirements.