



Professional Conference and Travel Funds  
**ACE/CLASSIFIED STAFF APPLICATION**  
 De Anza College Office of Staff and Organizational Development

**APPLICATION PACKET**

Please download and complete this application on your computer (Staff and Faculty Computer Lab, LCW-16, is available for those who need computer access). **You must use Adobe Acrobat (or Acrobat Reader 5.0 or greater) to fill in this application. Don't forget to print a copy BEFORE you close this window, as Acrobat Reader does not always save the document.** The completed application packet must be turned in to the De Anza College Office of Staff and Organizational Development and must include:

- A filled-in and signed application (signed by the applicant and by their dean or supervisor)
- 6 additional copies of the completed and signed application
- 1 copy of the flyer, brochure, or web pages that shows conference fees and hotel costs
- A Yahoo or Mapquest map showing miles from the college to the activity

**APPLICANT**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
**Division:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Check your Status:** **Classified/SEIU**      **Classified Hourly/SEIU**

**ACTIVITY**

**Title of Proposed Activity:** \_\_\_\_\_

**Are you presenting at this activity?** Yes      No

**Activity Date(s), Begins on:** \_\_\_\_\_ **Ends on:** \_\_\_\_\_

**Activity Location, City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Check the appropriate description below for your activity:**

- A. Less than 150 miles from campus/work site, a one-day event
- B. Less than 75 miles from campus, a multiple-day event
- C. Over 150 miles from campus/work site, a one-day event
- D. Over 75 miles from campus/work site, a multiple-day event

**IMPLEMENTATION**

**Please tells us specifically how you will implement what you learn:**  
 (i.e. create a system or process, develop new materials, improve your job skills, etc.)

<b>REC'D:</b>	<b>FOR OFFICE USE ONLY</b>
APP NUMBER: <input style="width: 150px; height: 20px;" type="text"/>	_____ Director, Staff and Organizational Development
<input type="checkbox"/> <b>A</b> <input type="checkbox"/> <b>B</b> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> <b>D</b>	<input type="checkbox"/> <b>Approved / Max Amount \$</b> _____ <input type="checkbox"/> <b>Not Approved</b>

**ITEMIZED ESTIMATED EXPENSES**

Original receipts and proof of payment **in the applicant's name** are required for reimbursement of approved expenses. *Sharing hotel expenses? Each attendee must pay for their own portion of the hotel bill and have a receipt issued in their name.*

<b>Conference/Seminar Fee:</b>	\$
<b>Transportation: Airfare OR Mileage</b> [For events you are driving to, enter total round-trip miles: Mileage reimbursement: total miles x \$0.51 =	\$
<b>Ground Transportation</b> [Include round trip shuttle or taxi expenses from airport to hotel, or car rental]	\$
<b>Meals/Per Die</b> [Breakfast - \$10 per day, Lunch - \$15 per day, Dinner - \$30 per day. Reimbursement for per diem (up to \$55.00 per day) does not need receipts.]	\$
<b>Lodging:</b> nights @ \$                      per night (include estimated taxes) =	\$
<b>Total Costs:</b>	\$
<b>AMOUNT REQUESTED:</b>	\$

**Important: Applicants Please Read!**

To be reimbursed for expenses, you must submit all of the following to the Staff Development Office within **45 days** of the date on which the activity occurred:

- the completed trip voucher (sent to you with your award letter)
- **original receipts made out to the attendee** for reimburseable expenses (receipts issued in someone else's name will NOT be reimbursed)
- proof of payment for those receipts that do not specify how payment was made
- a 1 page written summary of the activity

**Failure to adhere to these reimbursement policies will result in the loss of funding.**

*I have read and understood the above reimbursement procedures and policies.*

**Signature of Applicant:** \_\_\_\_\_

**Signature of Dean/Supervisor:** \_\_\_\_\_

\_\_\_\_\_ *I certify that this applicant is not probationary and not on Staff Development Leave.*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_