



Professional Conference and Travel Funds

FACULTY 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 (if driving)

APPLICANT

Name:

Today's Date:

Division:

Work Phone:

Department:

Email:

Check your Status: Full-time Faculty Part-time Faculty

ACTIVITY

Title of Proposed Activity:

Are you presenting at this activity? Yes No

Activity Date(s), Begins on: Ends on:

Activity Location, City: State:

GOAL(S) OF ACTIVITY

IMPLEMENTATION

Please indicate specifically how you will implement what you learn:
(that is, new or revised curriculum, delivery method, materials, etc.)

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

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.*

Conference/Seminar Fee:	\$
Transportation: Airfare OR Mileage [For events you are driving to (must be over 75 miles from the campus to be reimbursed), enter total round-trip miles: . Mileage reimbursement: total miles x \$0.445 =]	\$
Lodging: nights @ \$ per night (include estimated taxes) =	\$
[Maximum fee per night = \$200.00]	
Total Costs:	\$
AMOUNT REQUESTED:	\$

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 1-2 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 part-time faculty member has re-employment preference.*

_____ *I have discussed this application with the applicant and support committee approval.*

Comments: _____

_____ *I do not feel this application enhances our division/work unit goals at this time, however, I acknowledge that this activity may enhance another area of the college.*

Comments: _____

