Faculty Professional Development Application Form - Complete both pages before event.

Applications including all supporting material must be submitted to FPD by designated deadlines prior to the conference/event date.

Last name:	First na	ıme:	L:	#:
Faculty Status:	_part-time contracted ~ If part	time, is your annual a	verage FTE at least 0.2?	yes no
Email address:		Extension: _	Phone:	
Division:		FOA	P (if dept. shares cost):_	
Mailing address:				
Event Name:			Event Location:	
Event Dates:			FPD FO	AP: 111100-475200-614450-21000

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 (more than 3 sentences) to explain what you will do, what sessions (or types of sessions) you plan to attend, etc. if awarded funding.

Skills and Knowledge Gained: What new and improved skills and knowledge will you acquire through the leave, and how will these skills apply to your position at the College? Please write at least one coherent paragraph (more than 3 sentences) 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 a good idea to inform you Division Dean of your award. It is assumed that your 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.

Last name:__

_____ First name:_____

L#:

Estimate of Total Cost of Event - Be careful. Maximum total award & reimbursemment will be this amount.

Event Title:		Event Dates:	Total Expenses		
Meals Per Diem-Travel Days	Per diem for travel: of full.	$x _ \#$ of travel days (usually 2) =			
Meals Per Diem-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: (round trip)	x 0.575 (current rate) =			
Ground Transportation	List: (i.e. shuttle, taxi, etc.)				
Parking	List:				
Miscellaneous: materials, airline checked bag fees, other	List:				
Total Request:					
Additional notes regarding above expenses:					

Helpful Hints:

□ Per diem for meals can be found on <u>www.gsa.gov/portal/content/104877</u> and search by the city you are traveling to. The travel day per diem is 75% of the regular day. Travel days are the days traveling to the event and back to Eugene.

Rental cars must be pre-approved with the award so please explain your rationale for using a rental car in an e-mail. Approval is rare.

- □ The College reimburses for the least cost mode of travel only. If you drive instead of fly, please include documentation of airfare estimates. Reimbursement will be limited to the least expensive option. If driving is necessary, please include rationale in an e-mail.
- Award amounts may not be increased after committee approval so be sure to include ALL anticipated expenses in this application

such as hotel taxes, resort fees, wi-fi, bag fees shuttles or taxis, required books, etc. It is recommended you overestimate a little. □ If your lodging rate exceeds the per diem amount for the event location, explain why in an e-mail (e.g. staying on conference hotel).

Items To Be Reimbursed Prior to Event:

List exact amounts and attach original, detailed, receipts. Meals per diem and mileage cannot be reimbursed prior to event.

Expense Description:	Amount:	For Finance Use:
Total:		

Helpful Hints:

□ Hotel reservations cannot be reimbursed prior to the event. However, hotels can be paid by FPD directly if listed below.

□ If you would like FPD to purchase airfare for your travel, you must be approved two months prior to your event.

Items To Be Paid Directly by FPD:

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

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. By typing my name into the field below I am indicating that I agree to the clauses above.