Application for Faculty Professional Development Funds
REIMBURSEMENT OF FUNDS

Name _____ Date _____

Is this your first request of the current academic year? Yes_____ No _____

Did you apply for Dean's Funds Yes_____ No _____

Description of Activity: (Include title, location, dates and a copy of the program indicating your contribution.)

_____
_____
_____

Fund Expense Report (receipts are required for all expenses except meals and mileage)

Transportation:

Airfare	_____
Ground Transportation	_____
Parking	_____
Mileage _____miles @ $.365/mile	_____

Lodging:

_____nights at $_____ per night	_____

Registration Fees:	_____

Meals:

_____ Breakfasts @ $4.00/each	_____
_____ Lunches @ $6.00/each	_____
_____ Dinners @ $15.00/each	_____

Other Expenses (please specify):	_____
Total Amount Requested:	_____
Less Dean's Fund:	_____
Total Amount Requested from FDC Funds:	_____

_____ _____
Signature Date