



REQUEST FOR FACULTY PROFESSIONAL DEVELOPMENT FUNDS

Name: _____

Banner ID: _____

Telephone No. (____) _____

E-Mail: _____

Campus: _____

Department: _____

PROGRAM TITLE: _____

PROGRAM DATE(S)/LOCATION: _____

How will this program benefit you and your department or the College? (Attach copy of program brochure.)

COSTS:

Registration Fee \$ _____

Travel \$ _____

Accommodations \$ _____

Meals \$ _____

Other \$ _____

TOTAL REQUESTED \$ _____*

I am requesting funds from the Faculty Professional Development Account to participate in the program described above. Funds for this program are not available in the departmental budget.

_____ Employee's Signature Date _____

_____ Supervisor's Approval Date _____

_____ Provost's Approval Date _____

SUBMIT COMPLETED FORM TO THE OFFICE OF THE PROVOST.

Charge to Account No. _____

Budget Office Approval _____ Date: _____

***AN EXPENSE REPORT AND PROPER DOCUMENTATION MUST BE SUBMITTED NO LATER THAN 30 DAYS OF THE PROGRAM DATE.**