



Professional Staff Development Funds Request Form (MSCF)

See Reverse Side for Guidelines on Requesting Funds
Please print clearly

| | | | | |
|----------------------------------|---------------|----|----------------|--------------------|
| Date of Request 106332 | First | MI | Last | Department/Program |
| Cost Center | Date of Event | | Event Location | Amount Requested |

Proposed Activity (Attach descriptive materials, use separate sheet if necessary)

Rational for request (Explain relevance to staff development, use separate sheet if necessary)

Expense Categories:

Expense Amounts:

| | | | | |
|----|----------------------|--|----|-------|
| 1 | ▪ Registration Fee | Attach event registration or brochure, etc. | \$ | _____ |
| 2 | ▪ Membership Fee | Attach organization fee statement, etc. | \$ | _____ |
| 3 | ▪ Airfare | Airline _____ | \$ | _____ |
| 4 | ▪ Vehicle Rental | # _____ Days @ \$ _____ per day | \$ | _____ |
| 5 | ▪ Mileage | # _____ Miles @ \$ _____ cents per mile | \$ | _____ |
| 6 | ▪ Lodging | # _____ Days @ \$ _____ per night | \$ | _____ |
| 7 | ▪ Other Travel | Details _____ | \$ | _____ |
| 8 | ▪ Meals | <small>\$7.00 Breakfast \$9.00 Lunch & \$15.00 Dinner</small> # _____ Breakfast, # _____ Lunch & # _____ Dinner | \$ | _____ |
| 9 | ▪ Books/Materials | Attach appropriate list with costs, etc. | \$ | _____ |
| 10 | ▪ Other | Details _____ | \$ | _____ |
| 11 | TOTAL REQUEST | Must match total amount requested above | \$ | _____ |

I plan to share the information/knowledge gained from this activity with other faculty in the following manner:

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | At a faculty association meeting | <input type="checkbox"/> | At a department or division meeting |
| <input type="checkbox"/> | At a campus Center for Teaching & Learning | <input type="checkbox"/> | By making event material available to faculty |
| <input type="checkbox"/> | At Presentation for Students and/or Faculty | <input type="checkbox"/> | Other _____ |

- For REIMBURSEMENT of expenses submit an EMPLOYEE EXPENSE FORM (SEMA-4) with documentation, **including a copy of this request**, to the CLC Business office. Note on form that expenses are for Professional Development.
- For DIRECT PAYMENT to a vendor submit a PURCHASE REQUISITION FORM and supporting documents, **including a copy of this request**, to the CLC Business office. Note on form that expenses are for Professional Development.
- Expenses exceeding approved amount will be billed to your Program/Department account.

Submit request by inter-office mail or e-mail to Personnel Committee Representative

Keep a copy of this request for your files

Revised 09/05

| | | | | |
|-------|-------------------|-------------------------------|---------------------|-----|
| / / | :Date Received | For Committee Use Only | Date Approved: | / / |
| \$ | :Amount Requested | | Committee Initials: | |
| \$ | :Amount Approved | | Admin Approval: | |
| Notes | | | | |