

Name (**print**) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Confirmation of funding will be sent **via District Email only.**

District Email: \_\_\_\_\_

☐ Full-Time Faculty

☐ Classified/ACE

☐ Part-Time Faculty (must have re-employment preference)

☐ Other: \_\_\_\_\_

**FACULTY: The completed application packet must be turned in to Pat Hyland** before:

**Fall:** Oct. 17; **Winter:** Jan. 16; **Spring:** Apr. 28; **Summer:** June 19.

Title of Proposed Activity: \_\_\_\_\_

Are you presenting at this activity? Choose one: ☐ Yes ☐ No

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

Activity Location, City and State: \_\_\_\_\_

**Please itemize and check off each area below:**

For electronic submissions, include attachments.

<b>Conference Fee:</b>	
<input type="checkbox"/> Copy of brochure or flier attached	
<b>Automobile Mileage:</b> (Limit of 300 miles round trip)	
<input type="checkbox"/> Copy of MapQuest or Google driving directions from Foothill College	
<b>Mileage:</b> (Multiply one way mileage by number of trips by mileage rate)	
_____ x _____ x _____ (56¢/mile)	
One Way Mileage      Number of Trips      Mileage Rate	
<b>Airfare:</b> (For trips over 300 miles)	
<input type="checkbox"/> Copy of airline estimate or reservation	
<b>Ground Transportation:</b>	
<input type="checkbox"/> Estimate of shuttle/taxi/parking	
Round trip shuttle or taxi expenses from airport to hotel, or car rental	
<b>Meals/Per Diem:</b>	
Per diem reimbursement (\$55 a day) does not require receipts: Breakfast \$10, Lunch \$15, Dinner \$30. Otherwise, attach receipts to a Trip Voucher upon return.	
<b>Lodging:</b> (applicable <b>ONLY</b> for conferences over 75 miles fr campus)	
<input type="checkbox"/> Copy of hotel or accommodations quote	
_____ nights @ _____ per night (include estimated taxes)	
<b>Total Costs</b> (Classified, see below) :	
<b>Note: Maximum allowance for faculty is \$1,000.00 per year.</b>	

**Classified/ACE** employees complete this question.

Check the appropriate description below for your activity:

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> A. Less than 150 miles from campus, one day event     | (\$500 limit on above) |
| <input type="checkbox"/> B. Over 150 miles from campus, one day event          | (\$1000 limit)         |
| <input type="checkbox"/> C. Less than 75 miles from campus, multiple-day event | (\$500 limit)          |
| <input type="checkbox"/> D. Over 75 miles from campus, multiple-day event      | (\$1000 limit)         |

**TEAMSTERS employees:** contact Suzanne Pfeiffer, x6109

Form updated 5/1/14

**Please indicate how this experience will ultimately benefit the students of Foothill College:**  
(i.e create a system or process, develop new materials, improve your job skills, etc.)


**Important!**

To guarantee reimbursement for expenses, you must submit a trip voucher that includes all of the following to Pat Hyland, Dean of Student Affairs, within **10 days** of the date on which the activity occurred. Delay in submission may result in loss of funding. Be sure to submit:

- **Original receipts made out to the attendee** for reimburseable expenses
- Proof of payment for receipts that specify **how** payment was made (credit card, check, etc.)
- For Classified Employees: A 1-page written summary of the activity

**Failure to adhere to these reimbursement policies may result in loss of funding.**

*I have read and understood the above reimbursement procedures and policies.*

**Signature of Applicant:** \_\_\_\_\_

(Typed Signatures accepted)

**Signature of Dean/Supervisor:** \_\_\_\_\_

- ☐ I certify this is a full-time faculty member.
- ☐ I certify that this applicant is a **Classified** employee who is **NOT** on probation or on ProfDevLeave.
- ☐ I certify this part-time faculty member has re-hire preference.
- ☐ I certify this part-time faculty member has not used conference funds from De Anza.

**If the Dean/Supervisor is declining to sign, please state the reason below:**

\_\_\_\_\_

**For Office Use Only:**

**Received:**

**Committee Approval:**

**Date:**

**For Part-Time Faculty:**

Funds used at De Anza: \$ \_\_\_\_\_

- ☐ Approved 1st Account: \$ \_\_\_\_\_
- ☐ Approved 2nd Account: \$ \_\_\_\_\_
- ☐ Denied \_\_\_\_\_

Available: \_\_\_\_\_

Recorded: \_\_\_\_\_

Emailed: \_\_\_\_\_