

Name: _____ **Today's Date:** _____

Department: _____ **Work Phone:** _____

Confirmation of funding will be sent via District Email.

District Email: _____

☐ Full-Time Faculty

☐ Classified/SEIU

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

☐ Other: _____

The completed application packet must be turned in to the Office of Faculty and Staff one month before the activity and must include:

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:

Conference Fee:	\$
<input type="checkbox"/> Copy of brochure or flier attached	
Automobile Mileage: (Limit of 300 miles round trip)	
<input type="checkbox"/> Copy of MapQuest or Google driving directions from Foothill College	
Mileage: (Multiply one way mileage by number of trips by mileage rate)	
_____ x _____ x <u>\$0.50</u> =	\$
One Way Mileage Number of Trips Mileage Rate	
Airfare: (For trips over 300 miles)	
<input type="checkbox"/> Copy of airline estimate or reservation	\$
Ground Transportation:	
<input type="checkbox"/> Estimate of shuttle/taxi/parking	
Round trip shuttle or taxi expenses from airport to hotel, or car rental	\$
Meals/Per Diem:	
Per diem reimbursement (\$55) does not require receipts: Breakfast \$10, Lunch \$15, Dinner \$30. Otherwise, attach receipts to a Trip Voucher upon return.	\$
Lodging:	
<input type="checkbox"/> Copy of hotel or accommodations quote	\$
_____ nights @ \$ _____ per night (include estimated taxes)	
Total Costs :	\$

Classified/SEIU employees complete this question.

Check the appropriate description below for your activity:

- ☐ A. Less than 150 miles from campus, one day event (\$500 limit)
- ☐ B. Over 150 miles from campus, one day event (\$1000 limit)
- ☐ C. Less than 75 miles from campus, multiple-day event (\$500 limit)
- ☐ D. Over 75 miles from campus, multiple-day event (\$1000 limit)

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 the Office of Faculty and Staff within **10 days** of the date on which the activity occurred. Delay in submission may result in loss of funding.:

- **Original receipts made out to the attendee** for reimburseable expenses
- Proof of payment for receipts that do not specify how payment was made
- 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: _____

Signature of Dean/Supervisor: _____

☐ I certify that this applicant is not a probationary Classified employee and not on PDL.

☐ I certify this part-time faculty member has re-hire preference.

☐ I certify this part-time faculty member has not used conference funds from DeAnza.

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: _____