



PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM – No Travel
V. 2/9/2024

Form Origination:

Department: _____ Return Form To: Name _____ Phone Ext. _____

Section I. Applicant Information

Full Name: _____ Colleague ID#: _____

Department: _____

Section II. PD Request Information

Event Type/Purpose:
Conference/Webinar/Training/Lecture//Other (Circle Applicable)

Event Title: _____

Event Website (providing information of the event): _____

Event Dates: START ___/___/___ END ___/___/___

Will you be a Participant, Event Coordinator, Volunteer, or Presenter? How will the Department/College benefit from your participation?
Attach additional pages, if needed.

(Text)

Attach supporting documents as needed, including conference information, agenda, and materials to be presented (if applicable).

Section III. Funding

Registration Fee \$ _____

Additional Fees (specify) \$ _____

Attach separate budget sheet, if needed.

Grand Total for Funding Requested \$ _____ LOCAL/STATE/FEDERAL Funding (Circle One)

Funding Source: District (Fund 11) or Grant Name: _____

Section IV. Approvals/Consent If declined – return to department above.

1. **Applicant:** Acknowledge and Confirm Section I., I.I, III. information is correct & complete.

Traveler Signature: _____ Date: _____

2. **Applicant’s Direct Supervisor Approval:** **Decline/Approve (circle one)**

Direct Supervisor Name: _____

Direct Supervisor Signature: _____ Date: _____