

**Faculty Professional Development Committee
Faculty Individual Proposal**

Faculty Name: _____ Employee ID _____ Date: _____

Department: _____ Dean: _____

Are you a presenter at this event? Yes ___ No ___ Title/Topic _____

Name of the Event or Activity: _____

Destination / Location: _____

Date(s) of the Event or Activity Begin: _____ End: _____

COST STATEMENT

Estimated Expenses

A. Transportation (Estimate cost of air fare) \$ _____

___ Air ___ Dist. Vehicle ___ Priv. Vehicle x _____
Miles c/mile

Travel Agency (Air fare) _____

B. Lodging _____ \$ _____

Name of Hotel/Motel _____
_____ days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ _____

___ incl. certain meal(s) ___ excl. meal(s)

D. Meals..... \$ _____

Breakfast \$ _____ x _____ Lunch \$ _____ x _____ Dinner \$ _____ x _____
of days # of days # of days

Other (describe)..... \$ _____

(Admin. Approval required for vehicle rental)

F. Incidental Expenses \$ _____

Total Estimated Expenses \$ _____

Funding from other sources: Include Amounts, Budget Codes and Explanation if needed. Please attach a listing of faculty who may have donated their stipend to you.

	<i>Amounts</i>	<i>Explanation</i>	<i>Budget Code</i>
Faculty Stipend	\$ _____	_____	GENFD 5200 11 FL.VI.STAF 67500 041F
Area Funds	\$ _____	_____	_____
Grants	\$ _____	_____	_____
Other	\$ _____	_____	_____

\$ _____ **Total Requested from Faculty PDC**

Please combine your signed application, travel authorization and any supporting documentation into one PDF file.

Email this complete proposal to FLC-PD-Faculty@flc.losrios.edu

Activity Narrative:

Please describe your activity/event, and explain how it provides potential benefit to the students, college programs, the institution and/or the faculty member making the request.

Applicant's Signature

Print Name

Date

Dean's Signature

Print Name

Date