

**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:**

<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 <u>\$0.505</u> =	\$
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) does not require receipts: Breakfast \$10, Lunch \$15, Dinner \$30. Otherwise, attach receipts to a Trip Voucher upon return.	\$
<b>Lodging:</b>	
<input type="checkbox"/> Copy of hotel or accommodations quote	\$
_____ nights @ \$ _____ per night (include estimated taxes)	
<b>Total Costs :</b>	\$

**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:**

<b>Received:</b>			<b>Committee Approval:</b>			<b>Date:</b>		
<b>For Part-Time Faculty:</b> Funds used at De Anza: \$ _____			<input type="checkbox"/> Approved 1st Account: _____ <input type="checkbox"/> Approved 2nd Account: _____ <input type="checkbox"/> Denied _____			\$ _____ \$ _____		
Available: _____			Recorded: _____			Emailed: _____		