

Foothill College

Faculty and Staff

Travel and Conference Application

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: _____

The completed application packet must be turned in to the President's Office (1903) 30 business days prior to the conference.

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.

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 _____ (53.5¢/mile)	
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 a day) does not require receipts: Breakfast \$10, Lunch \$15, Dinner \$30. Otherwise, attach receipts to a Trip Voucher upon return.	
Lodging: (applicable ONLY for conferences over 75 miles fr campus)	
<input type="checkbox"/> Copy of hotel or accommodations quote	
_____ nights @ _____ per night (include estimated taxes)	
Total Costs (Classified, see below) :	

Note: Maximum allowance is \$1,600.00 per year.

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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.)

Empty table with 8 rows for providing details on how the experience will benefit students.

Important!

To guarantee reimbursement for expenses, you must submit a trip voucher that includes all of the following to **President's Office** 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.)

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.
- 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: \$ _____	<input type="checkbox"/> Approved 1st Account:	\$ _____
	<input type="checkbox"/> Approved 2nd Account:	\$ _____
	<input type="checkbox"/> Denied _____	
Available: _____	Recorded: _____	Emailed: _____