

PART B – OTHER PROFESSIONAL DEVELOPMENT PROJECTS or EVENTS

Describe Project: _____

Proposed Schedule or Dates: _____

List Expected Benefits: _____

Amount Requested for Funding:

Maximum \$1,200 for in-state travel

Maximum \$1,500 for out-of-state travel

For current budget cycle July 1, 2021 – June 30, 2022

Car* (Personal or College Car) Round Trip Miles

_____ miles @ \$0.56 cents per mile \$ _____

Air Fare \$ _____

Parking/Tolls/Taxi/etc. \$ _____

Lodging \$ _____

Meals \$ _____

Standard Rate \$50/day (Tip Included) High Cost Metropolitan area \$70/day (Tip Included) (Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Los Angeles, Miami, Minneapolis/St. Paul, New Orleans, New York, Newark, Philadelphia, San Diego, San Francisco, Seattle, Washington DC) Receipts are required for all meals and expenses. Detailed meal receipts must be itemized listing all food/beverage items ordered. All meal receipts must include the tip. For meals paid with a credit card, both detailed receipts must be submitted for reimbursement (itemized receipt listing all food/beverage items ordered and total charge including tip.) Meal expenses submitted for reimbursement without a detailed receipt(s) will be refunded up to \$10. All other expenses not validated with a receipt will not be reimbursed.

Registration Fee \$ _____

Check here if you would like the college to prepay registration fee _____

Miscellaneous Expenses \$ _____

TOTAL AMOUNT REQUESTED FOR FUNDING \$ _____

*Please reserve the college pool car if available. The pool car availability calendar (Excel document) is available for viewing on the H:drive: *H:\Administration\Police\Pool Car* (read-only). View the calendar to determine if the car is available on the date(s) you will be traveling. If so, submit your email reservation request to police@lakelandcc.edu per the instructions on the calendar. A confirmation email will be sent advising the car has been reserved for you. If your travel plans change please contact campus police. Please bring your driver's license when you pick up the keys at campus police.

Full-Time Faculty
PROFESSIONAL DEVELOPMENT FUNDING REQUEST
Approval Form

Please submit your professional development funding request form to your division dean for approval and signature. Forward your signed professional development funding request form and required attachments to Deborah Bordonaro in B-1054. Thank you.

Division Dean Review:

Recommended _____

Not Recommended _____

Comments:

Dean's Signature: _____ Date: _____

Excellence in Teaching and Professional Development Committee Recommendation:

Approved _____ Not Approved _____ Returned for Additional Info _____

Amount Funded: \$ _____ Date: _____

Stipulations Made:
