REQUEST FOR ADJUNCT PROFESSIONAL DEVELOPMENT FUNDS *

Completed forms should be submitted to Niurvys Hechavarria, Faculty Resource Manager, 1 Washington Square North, Room 313 prior to incurring expenses.

1. FACULTY NAME: ______________________________________________________________

2. PURPOSE OF FUNDS: __________________________________________________________

3. DETAILS:
   Conference Title/Sponsor: ______________________________________________________
   Location and Travel Dates: _____________________________________________________
   Role at Conference: ___________________________________________________________

   Estimated Costs:
   
   Automobile Travel & Parking $__________________________
   Air/Train Travel $__________________________
   Hotel $______ x _______ # of nights = _____________
   Food $__________________________
   Registration $__________________________
   Total $__________________________

   *If you are not requesting funds for Travel, please attach brief explanation of expenses.

4. AMOUNT REQUESTED FOR REIMBURSEMENT $_____________________

   Signed: _____________________________  Date:     _____________________________

5. DEAN’S OR DESIGNEE’S APPROVAL OF FUNDS
   Amount Approved: ____________________ Remaining Balance: ____________________
   Notes: _____________________________________________________________________

   Approved By: _________________________________   Date:    _________________________

   *Approved expenses should be charged to 10/43030-PDF01 unless otherwise noted. There is an annual limit of $1,000 on a first come, first serve basis within the annual budget.