

GREAT BASIN COLLEGE

FACULTY SENATE COMPENSATION AND BENEFITS COMMITTEE PROFESSIONAL DEVELOPMENT FUNDS REQUEST FORM

Name: _____ Event: _____

Location: _____ Dates: _____

Purpose of Trip: _____

Benefit to College: _____

How this will improve my teaching and/or department: _____

Method of Transportation: _____

ESTIMATED COST *	
Transportation:	_____
Lodging:	_____
Registration:	_____
Meals:	_____
Other:	_____
Total Estimated Cost:	_____

Meal Estimates: See the "Per Diem" handout
Lodging Estimates: See the "Lodging" handout
Mileage: See the in-state Mileage Map and the "Per Diem" handout.

***When traveling out-of-state, all receipts, except food, must be submitted: e.g., taxi, parking, motel, etc.**

Applicant's Signature

Date

Department Chair or Vice President Approval

Date

Please attach relevant information that could help the committee make a decision. (i.e., conference brochures, etc.)

APPROVAL:

Amount: _____

Faculty Senate Comp and Benefits Chair

Date

Amount: _____

Prof Development/Vice President-Acad. Affairs

Date