



PROFESSIONAL DEVELOPMENT FUNDS

(Applications will not be accepted unless all supporting documentation is provided.)

NAME	
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APPLYING FOR FUNDS — CHECKLIST

<input type="checkbox"/>	Complete Travel Authorization and Reimbursement Claim – Part I – Request to Attend	
<input type="checkbox"/>		Supervisor’s signature <i>required</i>
<input type="checkbox"/>		Copy of estimate for lodging <i>(if applicable)</i>
<input type="checkbox"/>		Copy of estimate for travel <i>(if applicable)</i> : <ul style="list-style-type: none"> • Copy of estimate for mileage including map from your home or SCC, whichever is closest to your final destination (airport or event) • Copy of estimate for airfare <i>(if applicable)</i> PLEASE NOTE: Fiscal reimburses for the most cost-effective means of travel. For example, if airfare is cheaper but you choose to drive, then you will be reimbursed for the cost of airfare.
<input type="checkbox"/>		Sign the Travel Authorization and Reimbursement Claim Form
<input type="checkbox"/>	Complete Professional Development Grant Application	
<input type="checkbox"/>		Provide a description explaining how the activity relates to the Authorized Use(s) indicated in the application. Also describe how you plan to share the knowledge gained from this activity with colleagues.
<input type="checkbox"/>		Attach brochure/flyer that describes the activity including: <ul style="list-style-type: none"> • Dates • Location • Detailed schedule • Registration costs
<input type="checkbox"/>		Total amount requested
<input type="checkbox"/>		Sign the Professional Development Application Form
<input type="checkbox"/>	Submit electronic versions of the forms and supporting documents as attachments to the Academic Senate Administrator (AcademicSenate@solano.edu).	

PREPAID PD FUNDS

SCC may prepay conference fees directly to the event organizer provided sufficient time.
If you are interested in this option, please allow 10 weeks for processing of your Grant Application.

<input type="checkbox"/>	In addition to the above documents, complete Travel Authorization and Reimbursement Claim – Part II – Request for Cash Advance/Prepaid Expense.
<input type="checkbox"/>	Include information necessary for payment of fees (i.e., how much, to whom, and due date).

PLEASE ATTACH THIS CHECKLIST TO YOUR APPLICATION