SAN DIEGO MIRAMA	AR COLLEGE Trav	el and		essional Des st for Funds	velop	oment Request F	forn	n	
 Submit your request a Your request will be r There is a \$1000 maximum 	a week or more prion eviewed at the PDC imum per applicant/ e a TA in PeopleSoft	r to the n meeting. year. . Scan ai	next PDC You will nd attacl	Meeting for the be notified by h this approved	eir cons the PD(form a	are, mileage map, conf ideration. (See publish C Co-Chairs of the com nd the supporting doc	ed m mitte	eeting scheo e's decision.	dule.) . NOTE:
SECTION 1: Is Funding	Source from outs	ide the	PD Com	mittee?	Yes	No Source:			
First Name:	Name:			Empl. ID #:			Date:		
Job Title:	Email:			I	Mgr:		Dept.		
Phone:				Is a Sub Needed?			Yes	No	
Organizational Sponsor:					Member of Organization			Yes	No
SECTION 2: Select App	ropriate Request	Avenue		1					
Title of Activity									
Travel/Conference	Event			Project		Presentation		Othe	r
SECTION 3: to be comp	oleted for Travel/C	Conferer	nce exp	enses only					
Travel Inclusive dates:	From:	To:		Cor Loca	nference ation	? City		State	
Reimbursement for mileage may not exceed the total cost of coach airfare. Attach all Supporting Documents to this request before turning it in for approval.		lege Ei (r Ei Ei Ei Ei Ged C	Detailed Expense Items Current reimbursement rate 0.58 X RT Miles Enter Total Round Trip Miles (rounded to nearest whole number) Pre-Pay (District) Employee Paid Pre-Pay (District) Employee Paid Pre-Pay (District) Employee Paid Estimated costs (taxi, shuttle, parking, luggage, etc.) For college business only Complete the Meal Reimbursement Breakdown chart on the top of page 2 and then enter the Grand Total here. For travel within San Diego County is NOT permitted per District Policy Total Travel Expenses Amount Requested Imployee Paid					\$ Amo	>unt
from PDC (max 1000):	\$				rce: \$				
Budgets Numbers:	PD:				Oth	er			
		AI	PPROVA	AL SIGNATURE					
Dept. Chair/Supervisor Signature(below)		Date		Dean/Manager Signature (below)			Date		
PD Committee Signature (below)		Date		Vice President's Signature (below)			Date		
AMOUNT APPROVED \$									

APPROVED PROPOSAL FORM MUST BE ENTERED IN PEOPLESOFT AND APPROVED PRIOR TO TRAVEL

You will receive a system-generated email notifying you once your travel has been OFFICIALLY approved.

MEAL REIMBURSEMENT BREAKDOWN CHART

	MAX AMT/	ENTER MAX AMOUNT ALLOWED FOR EACH QUALIFYING MEAL IN BOXES BELOW FOR EACH DAY OF YOUR TRAVEL								
	MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7		
Breakfast	10									
Lunch	15									
Dinner	21									
Daily Total	\$46									
							TRIP TOTAL			

Complete Sections 1-3 for PDC Fund approval only (1000 character limit in each field)

Section 1: Overview: Please provide a succinct description of your Proposal for Professional Development

Section 2: <u>Goals</u>: Please describe how your involvement in this request would support the College Mission and/or the Strategic Goals of Miramar College.

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Section 3: <u>Outcomes and Deliverables:</u> Please identify: **a)** the beneficial outcomes of this proposal and **b)** the deliverables of how this could positively impact Miramar College and/or the District.

San Diego Miramar College 2013 – 2020 Strategic Plan Goals

- I: Provide educational programs and services that are responsive to change and support student learning and success.
- II: Deliver educational programs and services in formats and at locations that meet student needs.
- III: Enhance the college experience for students and the community by providing student-centered programs, services and activities that celebrate diversity and sustainable practices.
- IV: Develop, strengthen and sustain beneficial partnerships with educational institutions, business and industry, and our community.