SAN DIEGO MIRAMAR COLLEGE Travel and Professional Development Request Form

Request for Funds

- For travel funds ATTACH ALL TRAVEL DOCUMENTS (hotel, registration fee, airfare, mileage map, conference agenda, etc.)
- Submit your request a week or more prior to the next PDC Meeting for their consideration. (See published meeting schedule.)
 Your request will be reviewed at the PDC meeting. You will be notified by the PDC Co-Chairs of the committee's decision. NOTE:
 There is a \$1000 maximum per applicant/year.
- Once approved, create a TA in PeopleSoft. Scan and attach this approved form and the supporting documents with your entry. If you need assistance, please contact the Business Office Travel Liaison at X 7401.

SECTION 1: Is Funding	Source fron	n outsi	de th	ne PD C	Com	mittee?	١	⁄es	No	Source:					
First Name: Last I			ast Name:				E	Empl. ID #:			Date	Date:			
Job Title:	Email:						N	Mgr:				t.			
Phone:	С	Cell:						ls a	Sub N	leeded?		Yes		No	
Organizational Sponsor:								Memb	er of O	rganization		Yes		No	
SECTION 2: Select App	ropriate Red	quest A	lveni	ue											
Title of Activity															
Travel/Conference	Ever	nt				Project			Р	resentation	1	0	ther		
SECTION 3: to be comp	oleted for Tr	avel/C	onfe	rence e	expe	enses only	,								
Travel Inclusive dates:	From:			0:	•	•	ı	ference tion	City			St	ate		
Traver merasive dates.	1101111				!	lad Funan								nt	
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.	Mileage: Dis from Miram to Event Registration Airfare Hotel/Lodgi Auto Rental Gas for Ren Miscellaned Internet For Meals NO at the Confer * Meal reimb	nar Collin Fee ing I ital bus OT inclucerence*	ded	Estima For co	treitente Ente Pre- Pre- Pre- Pre- leted to	e business the Meal Re page 2 and t	t rate und T nole n ct) ct) ct) ct) ct) inhulting imbultine e	o.575 z rip Mi umber ttle, pa	les) arking, at Brea ne Grar	Employee Employee Employee luggage, etc	Paid Paid) on rict Policy				
Amount Requested from PDC (max 1000):	\$					nount Requ m Other S			\$						
Budgets Numbers:	PD:			I				Oth	er						
				APPRO	OVA	AL SIGNAT	URES	5							
Dept. Chair/Supervisor	Signature(be	elow)	Date	е		Dean/Ma	nage	r Sign	ature	(below)		Date			
PD Committee Signature (below)			Date			Vice President's Signature (below)				Date	Date				
												•			
AMOUNT APPROVED \$															

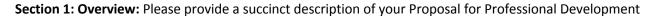
APPROVED PROPOSAL FORM MUST BE ENTERED IN PEOPLESOFT AND APPROVED PRIOR TO TRAVEL

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											

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



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

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.