SAN DIEGO MIRAMA	AR COLLEGE Trav	el an		essional De est for Funds	velop	oment Request I	orr	n	
 Submit your request a Your request will be re There is a \$1000 maxi 	a week or more prion eviewed at the PDC imum per applicant/ e a TA in PeopleSoft	r to the meetin year. . Scan	e next PDC g. You wil and attac	C Meeting for the Il be notified by th 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 nitte	eeting scheo e's decision.	dule.) . NOTE:
SECTION 1: Is Funding	Source from outs	ide th	e PD Con	nmittee?	Yes	No Source:	T		
First Name: Last Nam			Name:			#:	Date:		
Job Title:	Email:			I	Mgr:		Dept.		
Phone: Cell:						Sub Needed?		Yes	No
Organizational Sponsor:					Member of Organization			Yes	No
SECTION 2: Select App	ropriate Request	Avenu	e	I			1		
Title of Activity									
Travel/Conference	Event			Project		Presentation		Othe	r
SECTION 3: to be comp	oleted for Travel/C	Confer	ence exp	enses only			<u>I</u>		
Travel Inclusive dates:	From:	То	:	Cor	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. Amount Requested		ded	Detailed Expense Items Current reimbursement rate 0.655 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 Pre-Pay (District) Employee Paid Settimated 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 Amount Requested					\$ Amo	>unt
from PDC (max 1000):	\$			om Other Sourc	rce: \$				
Budgets Numbers:	PD:				Oth	er			
		1							
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/											
	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.

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 2020 – 2027 Strategic Goals

- 2. Engagement Enhance the college experience by providing student-centered programs, services, and activities that close achievement gaps, engage students, and remove barriers to their success.
- 3. Organizational Health Strengthen Institutional Effectiveness through planning, outcomes assessment, and program review processes in efforts to enhance data-informed decision making.
- 4. Relationship Cultivation Build and sustain a college culture that strengthens participatory governance, equity efforts, and community partnerships.
- 5. Diversity, Equity, and Inclusion (DEI) Build an environment that embraces diversity, equity, inclusion, anti-racism, and social justice for the benefit of the college community.

^{1.} Pathways - Provide student-centered pathways that are responsive to change and focus on student learning, equity, and success.