

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 \$1200 maximum per applicant, per fiscal 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 x7401.

SECTION 1: Is funding source from outside the PD Committee?

Yes

No

Source:

| | | | |
|-------------------------|------------|-------------------------|--------|
| First Name: | Last Name: | Empl. ID #: | Date: |
| Job Title: | Email: | Mgr: | Dept. |
| Phone: | Cell: | Is a Sub Needed? | Yes No |
| Organizational Sponsor: | | Member of Organization? | Yes No |

SECTION 2: Select appropriate request avenue

| | | | | |
|--------------------|-------|---------|--------------|-------|
| Title of Activity: | | | | |
| Travel/Conference | Event | Project | Presentation | Other |

SECTION 3: To be completed for travel/conference expenses only

| | | | | | |
|--|--|---|----------------|----------|------------------|
| Travel Inclusive Dates: | From: | To: | Conf. Location | City/Zip | State |
| Reimbursement for mileage may not exceed the total cost of coach airfare. Provide flight estimate. Attach all supporting documents to this request before turning it in for approval. | Detailed Expense Items | | | | \$ Amount |
| | Mileage: Distance from Miramar College to Event | Current reimbursement rate 0.725 X RT miles. Enter Total Round Trip Miles (rounded to nearest whole number) | | | |
| | Registration Fee | Pre-Pay (District) | Employee Paid | | |
| | Airfare | Pre-Pay (District) | Employee Paid | | |
| | Hotel/Lodging | Pre-Pay (District) | Employee Paid | | |
| | Auto Rental | | | | |
| | Gas for Auto Rental | | | | |
| | Miscellaneous | Estimated costs (taxi, shuttle, parking, luggage, etc.) | | | |
| | Internet | For college business only | | | |
| | For Meals NOT included at the Conference* | Complete the Meals & Incidental Breakdown Chart on the top of page 2 and then enter the Grand Total here. | | | |
| * Meal reimbursement for travel within San Diego County is NOT permitted per District Policy | | | | | |
| Total Travel Expenses: | | | | | |
| Amount Requested from PDC (max \$1200): | \$ | Amount Requested from Other Source: | \$ | | |
| Budgets Numbers: | PD: | Other: | | | |

APPROVAL SIGNATURES

| | | | |
|--|------|------------------------------------|------|
| Dept. Chair/Supervisor Signature (below) | Date | Dean/Manager Signature (below) | Date |
| PD Committee Amount Approved | \$ | Vice President's Signature (below) | Date |
| PD Committee Signature (below) | Date | | |

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 & INCIDENTAL BREAKDOWN CHART
***GSA website - <https://www.gsa.gov/travel/plan-book/per-diem-rates>**

| <i>Conference Location (City-Zip)</i> | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 |
|---------------------------------------|--------------|--------------|--------------|--------------|--------------|-------------------|--------------|
| First & Last Day of Travel | | | | | | | |
| Full Per Diem | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Incidental Expenses | | | | | | | |
| Daily Total | | | | | | | |
| | | | | | | Trip Total | |

***Enter the conference location (city or zip code) as the "Default Location" on the Travel Authorization.**

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

Section 3 - Outcomes and Deliverables: 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

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