

## Professional Development Funds Request Form

\_\_\_\_\_ Today's Date \_\_\_\_\_ Department \_\_\_\_\_ to \_\_\_\_\_  
 Faculty Name Dates of Travel

Reason for Funding:

Estimated Expenses:  
 (attach a separate sheet if necessary)

Secured or Anticipated Funding Sources:  
 (Honarium, Grants, MACCM, etc.)

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total</b>	_____

Total Amount Requested \_\_\_\_\_

\_\_\_\_\_  
 Faculty Signature

**Please submit this form to your Department Chair for review**

Chair Portion Only:  Approved  Denied Amount \_\_\_\_\_

\_\_\_\_\_  
 Chair Signature Date