

College of Education
Staff Development Fund Request

Name: _____

Department: _____

Title: _____

Proposed Staff Development Activity:

Destination: _____

City

State

Date(s) attending: _____

Funds Requested:

Registration \$ _____

Transportation \$ _____

Tuition: \$ _____

Lodging \$ _____

Meals \$ _____

Books & Supplies \$ _____

Other (please specify) \$ _____

Total Amount Requested \$ _____ (Note: Maximum allowed is \$200.00)

Signature _____ Date _____

The Department/Unit will pay \$ _____ toward this trip.

Signature of Supervisor _____

Return completed and signed form to Lorie White, Mail Stop 9710, or fax to 325-8784.